FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|--------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0 | | |

| OMB Number: | 3235-0287 |
|------------------------|-----------|
| Estimated average burd | en |
| hours per response: | 0.5 |

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Bluedorn Todd M | | | | | 2. Issuer Name and Ticker or Trading Symbol LENNOX INTERNATIONAL INC [LII] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|--|------------|-------------------|---|--|-----------------|--|--|-------------------------|-----------------------------|--------------------|--|--|--------------------------------------|--|--|--------------------|-----------|
| (Last) 2140 LAK | (Firs | , | Middle) | | | ate of 03/20 | | est Transa | action (Month/Day/Year) | | | | | Officer below) | (give title Chairmar | n and | Other (s below) | · |
| (Street) RICHARD (City) | OSON TX | | 75080 Zip) | | 4. If | ndmen | t, Date of | ate of Original Filed (Month/Day/Year) | | | | | ndividual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (Oily) | (010 | | | n-Deriv | /ative | Sec | curit | ies Acc | guired. | Dis | posed of | or Ben | eficiall | / Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | action | ction 2A. Deemed Execution Date, | | | 3. Transaction Code (Instr. 3, 4 a | | | (A) or | 5. Amount of | | Form: | Direct I Indirect E str. 4) | ect Indirect rect Beneficial | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | on(s) | | (| Instr. 4) |
| Common Stock, Par Value \$0.01 Per Share 01/03 | | | 01/03 | 3/2018 | /2018 | | M ⁽¹⁾ | | 28,007 | A | \$51.4 | 201 | ,667 | | D | | | |
| Common Stock, Par Value \$0.01 Per Share 01/03/ | | | /2018 | | F | | 15,106 | D | \$207.2 | 7 186 | ,561 | | D | | | | | |
| | | ٦ | able II - | | | | | | | | osed of, c | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, Tran curity or Exercise (Month/Day/Year) if any Code | | Transa Code (l | ransaction of E code (Instr. Derivative (I | | | Expiration Date (Month/Day/Year) of Securi Underlyin Derivativ | | | of Securities Underlying | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Non- qualified Stock Appreciation Right | \$51.395 | 01/03/2018 | | | M ⁽¹⁾ | | | 28,007 | 12/07/20 | 13 ⁽²⁾ | 12/07/2019 | Common Stock, Par Value \$0.01 Per Share | 28,007 | \$0 | 0 | | D | |

Explanation of Responses:

- 1. This exercise was affected pursuant to a Rule 10b5-1 trading plan.
- 2. One third of the Stock Appreciation Rights became exercisable on 12/7/13 and each year thereafter. The entire grant became fully exercisable on 12/7/15.

Remarks:

Attorney-in-fact pursuant to power of attorney dated December 6, 2017.

/S/ Sarah Braley, attorney-infact for Todd M. Bluedorn

01/04/2018

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.