FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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* | | | | | 2. Issuer Name and Ticker or Trading Symbol LENNOX INTERNATIONAL INC [LII] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|--------|------------|---|---|---|--|----------|--------------------------------|---|--|----------|----------|---|---|--|---|--|---|-----------|
| <u>Quintos Karen H</u> | | | | | EDITION INTERMITORIE INC | | | | | | | | | X | Direc | tor | 1 | 0% O | wner | |
| (Last) 2140 LA | | First) | (Middle) | | | . Date of Earliest Transaction (Month/Day/Year) 2/07/2018 | | | | | | | | | | Office | er (give title v) | | Other (spec below) | |
| , | | | | | 4. 11 | Ame | ndment | , Date o | of Origina | l Filed | d (Month/Da | ay/Year) | | | | dual o | r Joint/Group | Filing (Che | ck A | pplicable |
| (Street) RICHAR | DSON T | ΓX | 75080 | | | | | | | | | | | Lir | ne) X | | n filed by One | | | |
| (City) | | State) | (Zip) | | - | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| | ` | | | | <u>.</u> . | _ | | | | | | | | <u>.</u> . | | | | | | |
| | | ıa. | DIE I - NO | n-Deriv | ative | Se | curitie | S AC | quirea, | DIS | posed o | | | | uly C | wne | ea | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | y/Year) Exe | | A. Deemed kecution Date, any lonth/Day/Year) | | 3. Transaction Code (Instr. 8) | | ties Acquired (A) o l Of (D) (Instr. 3, 4 | | | and 5) Sec Ber Ow | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | t (A) or (D) | | Price | - 1 | | iction(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock, Par Value \$0.01 Per Share 12/07/ | | | //2018 | 2018 | | A | | 560 | 560 A | | \$214 | 4.63 | | 5,079 | D | | | | | |
| | | - | | | | | | | | | sed of, onvertib | | | - | / Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) | | | ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | rative rities iired r osed) c. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct or India (I) (Inst | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

 $Attorney\mbox{-in-fact pursuant to power of attorney dated December~8,~2017.}$

/s/ Sarah Braley, attorney-infact for Karen H. Quintos 12/11/2018

** 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.