FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

OWNERSHIP

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

| Name and Address of Reporting Person* SCHMIDT PAUL W | | | | | 2. Issuer Name and Ticker or Trading Symbol LENNOX INTERNATIONAL INC [LII] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|--|-----------------------------------|---|--|---|--|--|--|-------|--|---------------------------------|---|---|-----------------------------------|--|-------------------------------------|--|--|
| SCHMI | IDT PAU | <u>L W</u> | | | | | | | | | 111111111 | <u> </u> | . , | 2 | < Direct | | | | Owner |
| (Last) (First) (Middle) 2140 LAKE PARK BLVD. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2015 | | | | | | | | Officer (give title Other (specify below) | | | | | | |
| | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) RICHARDSON TX 75080 | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| | | | | | - | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | le I - N | on-Deriv | /ative | Seci | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benefi | ciall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 5) | | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transact (Instr. 3 | tion(s) | | | Instr. 4) |
| Common Stock, Par Value \$0.01 Per Share | | | 07/15/2 | 07/15/2015 | | | | A ⁽¹⁾ | | 46 | A | \$107 | 7.69 | 777 | | I | | Paul W. Schmidt Living Frust u/a/d 10/9/85 | |
| Common Stock, Par Value \$0.01 Per Share | | | | | | | | | | | | | | 16, | ,113 | I | 1 | Mary T. Schmidt Irrevocable Irust u/a/d 10/16/12 | |
| Common | Stock, Par | Value \$0.01 Per | Share | | | | | | | | | | | | 4, | 501 | D | | |
| | | Та | able II | | | | | | | | osed of, convertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed 4. Execution Date, Tra | | 4. Transa Code (8) | ction | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Di (Month/Day/) | | cisable and ate Amount of Securities Underlying Derivative Security (Instrand 4) | | and tt of ties ying tive ty (Instr. | 8. Price of Derivative Security (Instr. 5) | | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e O' S Fo Ily Di O' (I) | wnership orm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Director's Quarterly Stock Compensation

Remarks:

Attorney-in-fact pursuant to power of attorney dated December 3, 2012.

/s/ James K. Markey, attorney-07/15/2015 in-fact for Mr. Paul W. Schmidt

** 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.