FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response	. 05						

Direct (D) or Indirect (I) (Instr. 4)

Form:

Beneficial

Ownership (Instr. 4)

	uon 1(b).				01 300	ction 30(h) of the I			,	10.0						
1. Name and Address of Reporting Person* Rucker Kim K.W.				2. Issuer Name and Ticker or Trading Symbol LENNOX INTERNATIONAL INC [LII]] (Ch	5. Relationship of Reporting Person(s) (Check all applicable) X Director 10			ó Owner		
(Last) 2140 LA	ast) (First) (Middle) 140 LAKE PARK BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 07/15/2020							Offic belov	er (give title w)	Other below	(specify	
(Street) RICHARDSON TX 75080 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - No	n-Deriva	tive Se	ecurities Acc	quired	, Dis	posed of,	or Be	neficia	ılly Own	ed			
1. Title of S	Security (Inst		I - No	2. Transact Date (Month/Day	ion 2 I	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)	ction	4. Securities Disposed Of 5)	Acquired	d (A) or	5. Amo Securi Benefi Owned	ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
1. Title of S	Security (Inst		I - No	2. Transact Date	ion 2 I	2A. Deemed Execution Date, if any	3. Transa Code (ction	4. Securities Disposed Of	Acquired	d (A) or	5. Amo Securi Benefi Owned Repor Transa	ount of ities icially d Following	Form: Direct (D) or Indirect	of Indirect Beneficial	
				2. Transact Date	ion 2 I/Year) i	2A. Deemed Execution Date, if any	3. Transa Code (8)	ction Instr.	4. Securities Disposed Of 5)	Acquired (D) (Insti	d (A) or . 3, 4 and	5. Amo Securi Benefi Owner Repor Transa (Instr.	ount of ities icially d Following ted action(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership	
Common		r . 3) Value \$0.01 Per		2. Transact Date (Month/Day	ion 2 i i i i i i i i i i i i i i i i i i	2A. Deemed Execution Date, if any	3. Transa Code (8) Code	v Disp	Amount 14 ⁽¹⁾ osed of, co	(A) or (D) A Or Bend	Price \$232.	5. Am Securi Benefi Owner Repor Transa (Instr.	ount of ities icially d Following ted action(s) 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	

Date Exercisable

Expiration Date

(Month/Day/Year)

Explanation of Responses:

1. Director's Quarterly Stock Compensation

or Exercise

Price of Derivative

Security

Security

(Instr. 3)

/s/ Sarah Braley, attorney-infact for Ms. Kim K.W. Rucker

Amount Number

of Shares

Securities

Derivative

Title

Underlying

Security (Instr. 3 and 4)

07/17/2020

Securities

Owned

Following Reported Transaction(s) (Instr. 4)

Beneficially

** Signature of Reporting Person Date

Security (Instr. 5)

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

if any (Month/Day/Year)

Code (Instr.

8)

Code

Derivative

Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

(A) (D)

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

(Month/Day/Year)

** 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.