FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|------------------|------------|-----------------|------------------|

| OMB APPRO |)VAL |
|------------------------|-----------|
| 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* SCHMIDT PAUL W | | | | | 2. Issuer Name and Ticker or Trading Symbol LENNOX INTERNATIONAL INC [LII] | | | | | | | Relationship of Repo (Check all applicable) X Director | | | rting Person(s) to Issuer 10% Owner | | | | |
|---|--|------------------|-------------------------|---------|--|-------------|---|--------|---|---------|---|--|---------------------------------|--|---------------------------------------|---|---------|--------------------------------------|--|
| (Last) 2140 LA | (Fi | | Middle) | | 3. Date of Earliest Trans 07/25/2013 | | | | nsaction (Month/Day/Year) | | | | | | Offic belov | er (give titl w) | le | Othe belov | r (specify v) |
| (Street) RICHAR (City) | DSON TX | | 75080 Zip) | | 4. If <i>i</i> | Ameno | dment, | Date o | of Origina | al File | d (Month/Da | ay/Year) | | Line | e) <mark>X</mark> Forn | n filed by C | one Rep | ng (Check porting Pe an One Re | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transac | . Transaction | | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) | | r 5. Amou Securitie Benefici Owned F | | nt of s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) o | r Prio | :e | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Common | Stock, Par | Value \$0.01 Per | Share | 07/25/2 | 2013 | | | | S | | 2,000 | D | \$ | 73 | 16, | 113 | | I | Mary T. Schmidt Irrevocable Trust u/a/d 10/16/12 |
| Common | Stock, Par | Value \$0.01 Per | Share | | | | | | | | | | | | 4: | 91 | | I | Paul W. Schmidt Living Trust u/a/d 10/9/85 |
| Common | Stock, Par | Value \$0.01 Per | Share | | | | | | | | | | | | 7,1 | 107 | | D | |
| | | Та | ıble II - | | | | | | | | osed of, convertib | | | | Owned | | | | |
| 1. Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year) | | 4. Transac | 5. Number of Derivative | | | Exercion Da | sable and te Amount Securiti Underly Derivati Security and 4) | | and nt of ties ying tive | 3 | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Number of Shares | er | | | | | |

Explanation of Responses:

Remarks:

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

/s/ James K. Markey, attorney-07/25/2013 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.