| SEC Form 4 | |
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Instruction 1(b).

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

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or Se | ection a | su(n) o | of the | Investm | ient Co | ompany Act o | 1940 | | | | | | | |
|---|---|--|----------------|--------------------------------------|---|--|---------------|--|--------------------|-------------------------------|------------------------|---|----------------------|--|---|--|---|---|--|
| 1. Name and Address of Reporting Person [*] Buck Sherry | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>LENNOX INTERNATIONAL INC</u> [LII] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2023 | | | | | | | | Α | | er (give title | | Other (below) | specify |
| 2140 LAKE PARK BLVD. | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | pplicable |
| (Street) RICHARDSON TX 75080 | | | | | | | | | | | | | | Х | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | Ru | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Table | I - N | on-Deriva | tive \$ | Secu | rities | Ac | quire | d, Dis | sposed of | , or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | /Year) if any | | eemed tion Date, h/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | 4 and 5) S B O | | 5. Amount of Securities Beneficially Owned Following | | m: Direct | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock, Par Value \$0.01 Per Share 05/01/20 | | | | | 023 | | | | Р | | 350 | 350 A \$2 | | 021 2,388 | | .,388 | | D | |
| | | Tal | ble II | - Derivati (e.g., pu | | | | | | | oosed of, convertib | | | |)wneo | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exec if any | eemed ution Date, th/Day/Year) | 4. Transaction Code (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | vative rities lired r osed) r. 3, 4 | Expir | te Exer ation D th/Day/ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or | | Deri Sec | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V (A) (D) | | Date Exerc | isable | Expiration Date | Title | Number of Shares | | | | | | | | |

Explanation of Responses:

/s/ Monica Brown, attorneyin-fact for Sherry Buck

05/03/2023

** 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.