FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

C. 20549	-
J.C. 20549	OMB APPROVAL

- 1	_	_								
	OMB Number:	3235-0287								
	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

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Name and Address of Reporting Person*     Kosel Chris						2. Issuer Name <b>and</b> Ticker or Trading Symbol LENNOX INTERNATIONAL INC [ LII ]  5. Relationship of Reporting F (Check all applicable) Director										g Pers	10% Ov	vner	
(Last) 2140 LAK	(Firs	,	⁄liddle)			3. Date of Earliest Transaction (Month/Day/Year) 08/04/2023									X Officer (give title Other (specify below) VP-Corp Controller and CAO				
(Street) RICHARDSON TX 75080					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)     5. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting										n			
(City) (State) (Zip)						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	e I - No	on-Deriv	ative	Sec	uriti	es Ac	quired,	, Dis	sposed of	f, or Bei	neficiall	y Owned					
Date			2. Transac Date (Month/Da		Exec if an	. Deemed ecution Date, iny onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			Benefic Owned	es ally Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock, Par Value \$0.01 Per Share 08/				08/04/2	2023				M		1,570	A	\$214.6	3 3,	3,716		D		
Common Stock, Par Value \$0.01 Per Share 08				08/04/2	2023				D		1,068	D	\$372.28	36 2,	2,648		D		
Common Stock, Par Value \$0.01 Per Share 08/04/				.023				S		502	D	\$373.1	2 2,	2,146		D			
Common Stock, Par Value \$0.01 Per Share 08/04/2				023			S		100	D	\$372.28	36 2,	2,046		D				
		Ta	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)	if any		4. Transac	nsaction de (Instr.		tumber ivative urities juired or posed D) tr. 3, 4 5)	6. Date Exercis Expiration Dat (Month/Day/Ye		sable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Owner Form: Direct or Indii (I) (Insi	Ownership	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares						
Non- qualified Stock Appreciation	\$214.63	08/04/2023			M			1,570	12/07/201	19 <sup>(1)</sup>	12/07/2025	Common Stock, Par Value \$0.01	1,570	\$0	0		D		

## **Explanation of Responses:**

1. One third of the Stock Appreciation Rights became exercisable on 12/07/2019 and each year thereafter. The entire grant became fully exercisable on 12/07/2021.

/s/ Monica M. Brown, attorneyin-fact for Mr. Kosel

\*\* Signature of Reporting Person Date

Per Share

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

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).