FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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* Hau Robert W. | | | | | | 2. Issuer Name and Ticker or Trading Symbol LENNOX INTERNATIONAL INC [LII] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Last) (First) (Middle) | | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | X b | irector fficer (give title elow) | 10% O Other (below) | | (specify | |
| 2140 LAKE PARK BLVD | | | | | 10/ | 10/05/2009 | | | | | | | | | | EVP, Chief Financial Officer | | | | |
| Street) RICHARDSON TX 75080 | | | | | - 4. If | 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 | | | | | |
| (City) | | State) | (Zij | | | - | | | | | | | | | Form filed by More than One Reporting Person | | | | orting | |
| | | | Table | I - Non | n-Deriv | /ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | eficia | ally Ov | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution | | | 3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (I 5) | | | quired (Instr. | (A) or 3, 4 aı | nd Se Be Ow | Amount of curities neficially ned Following ported | 6. Owne Form: D (D) or In (I) (Instr | irect direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | | v | Amount | (| A) or D) | Price | Tra | nsaction(s) str. 3 and 4) | | | (111511.4) |
| Common Stock, Par Value \$0.01 Per Share 10.0 | | | | 10/0 | 5/2009 |) | | | A | | 10,000 | | A : | | 0 10,000 | | D | | | |
| | | | Tab | | | | | | | | | sed of, onvertib | | | | y Own | ed | | | |
| 1. Title of Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security Conversion Date (Month/Day/Year Security Conversion Date (Month/Day/Year Security Conversion Date (Month/Day/Year Month/Day/Year Security Conversion Date (Month/Day/Year Month/Day/Year | | | | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | ı of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price Derivati Security (Instr. 5) | e derivative | Own Forr Dire or In (I) (II | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or | nber | | | | | |

Explanation of Responses:

Remarks:

Attorney-in-fact pursuant to the power of attorney dated October 5, 2009.

/s/ Kenneth C. Fernandez, attorney-in-fact for Robert W. 10/06/2009 Hau

** 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.