FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------|---------|--|--|--|--|--|--|--|--|
| OMP Number: | 2225.02 | | | | | | | | |

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>ANDERSON DAVID H</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol LENNOX INTERNATIONAL INC [LII] | | | | | | | | | 5. Relationship of Reporti (Check all applicable) X Director | | | (s) to Is | | |
| (Last) 2140 LAI | | (First) | (M | liddle) | | | ate o | | st Trans | saction (Month/Day/Year) | | | | | | | Officer (give title below) | | Other below) | (specify |
| (Street) RICHARDSON TX 75080 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | | (State) | (Zi Tahle | | n-Deriv | ative | Sec | curitie | es Ari | nuired | Dis | nosed o | f or | Rene | ficially | , Own | -d | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transac | 2. Transaction | | 2A. Deemed Execution Date, | | 3. 4. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | or | or 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | (A) | or P | rice | Transa | ction(s) 3 and 4) | | | (Instr. 4) |
| Common Stock, par value \$0.01 per share | | | | 01/16/ | 16/2004 | | | | A ⁽¹⁾ | | 240 | | A \$ | 16.745 | 3,1 | 3,138,499 | | | D. H. Anderson Trust | |
| Common Stock, par value \$0.01 per share | | | | | | | | | | | | | | | 9 | 1,283 | I | | Daughter Kristin | |
| Common Stock, par value \$0.01 per share | | | | | | | | | | | | | | | 14 | 46,152 | I | | Linda L. Anderson Trust | |
| | | | Tab | | | | | | | | | osed of, onvertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercis Price of Derivative Security | e (Month/Da | ay/Year) i | 3A. Deen Executio if any (Month/D | n Date, | 4. Transa Code (8) | ction nstr. | n of | | 6. Date Expirati (Month/ | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Insti and 4) | | De Se (Ir | B. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owner Form Direct or Inc (I) (In | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | | | Date Exercisa | able | Expiration le Date | | Amo or Num of Share | er | | | | | | | | | |

Explanation of Responses:

1. Directors' Quarterly Stock Compensation

Remarks:

Attorney-in-fact pursuant to power of attorney dated 7/9/99.

Carl E. Edwards, Jr., Attorneyin-fact for David H. Anderson

01/20/2004

** 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.