FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL						
OMB Number:	3235-0287						
Estimated average burden							
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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* NORRIS JOHN W III						2. Issuer Name and Ticker or Trading Symbol LENNOX INTERNATIONAL INC [LII]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) 2140 LA	(Fi	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/15/2019										er (give title w)		er (specify ow)	
(Street) RICHARDSON TX 75080				_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								G. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate)	(Zip) Fable I - N	on-Deriv	/ative	Sec	uritie	s Ac	auired	I. Die	snosed o	f. or B	enefi	icially	, Own	ed e			
1. Title of Security (Instr. 3)		2. Transac Date (Month/Da	ction	n 2A. Deemed Execution Date	d Date,	3. Transaction Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			or -	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership				
									Code	v	Amount	(A) oi (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock, Par	Value \$0.01	Per Share	10/15/	2019				A ⁽¹⁾		20	A	\$2	42.97	13	8,041	D		
Common	Stock, Par	Value \$0.01	Per Share												28	3,372	I	B.W. Norris Revocable Trust ⁽²⁾	
Common	Stock, Par	Value \$0.01	Per Share												16	5,838	I	Catherine Houlihan- spouse ⁽²⁾	
Common	Stock, Par	Value \$0.01	Per Share												27	7,372	I	L. C. Norris Trust ⁽²⁾	
Common	Stock, Par	Value \$0.01	Per Share												10	5,859	I	GRAT ⁽²⁾	
Common	Stock, Par	Value \$0.01	Per Share												32	1,750	I	John W. Norris, Jr. Trust A ⁽²⁾	
Common	Stock, Par	Value \$0.01	Per Share												1	,560	I	Norris- Newman Minors Trust ⁽²⁾	
Common Stock, Par Value \$0.01 Per Share													28,172		I	W.H. Norris Revocable Trust ⁽²⁾			
			Table II								osed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Y		Executi ear) if any	on Date, T	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Day (Month/Day/)		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership ot (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er					

Explanation of Responses:

Remarks:

^{1.} Director's Quarterly Stock Compensation

^{2.} The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

fact for Mr. John W. Norris III

** 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.