FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVA

3235-0287 OMB Number: 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

1. Name and Address of Reporting Person*  COOPER JANET KATHERINE							2. Issuer Name <b>and</b> Ticker or Trading Symbol LENNOX INTERNATIONAL INC [ LII ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
(Last)								3. Date of Earliest Transaction (Month/Day/Year) 02/09/2011									r (give title		Other (s below)	-	
(Street) RICHARDSON TX 75080						4.1	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     Form filed by More than One Reporting Person						
(City)		(State)		(Zip)																	
			Tab	le I - N	on-Deri	ivativ	_			quired	l, Di	sposed o	f, or Be	neficial	ly C	Owned					
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day.							Exe r) if a	A. Deemed xecution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			and 5) Securi Benefi Owned		es ally Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
											v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Common Stock, Par Value \$0.01 Per Share 02/09/2							)11			М		5,131	A	\$18.21	5	34,	34,100		D		
Common Stock, Par Value \$0.01 Per Share 02/09/2					/2011	)11			S		5,131	D	\$52.278	.278(1)		3,969		D			
			7	Γable II								posed of, convertib			/ O\	wned			,		
1. Title of Derivative Security (Instr. 3)	2. Conversic or Exercis Price of Derivative Security	e (Month/Da		3A. Deer Execution if any (Month/I		4. Transa Code ( 8)		on of		6. Date Exercis Expiration Date (Month/Day/Ye		е	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se	Price of trivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ully	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	(A)		Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares							
Non- qualified Stock Option (Right to Buy)	\$18.215	02/09/2	2011			М			5,131	12/10/20	05 <sup>(2)</sup>	12/10/2011	Common Stock, Par Value \$0.01 Per Share	5,131		\$0	8,000		D		

## **Explanation of Responses:**

- 1. Reflects a weighted average sale price of \$52.278, at prices ranging from \$52.06 to \$52.51 per share. The Reporting Person will provide, upon request by the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate price.
- 2. One third of the option became exercisable in each of the three anniversary dates following the date of grant (12/10/04), and became fully exercisable on 12/10/07.

## Remarks:

Attorney-in-fact pursuant to the power of attorney dated May 12, 2010.

/s/ Robert L. Villasenor,

attorney-in-fact for Ms. Janet

Katherine Cooper

02/10/2011

\*\* 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.