FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| l | OMB APPRO | VAL |
|---|-------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| l | 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* SCHMIDT PAUL W | | | | | 2. Issuer Name and Ticker or Trading Symbol LENNOX INTERNATIONAL INC [LII] | | | | | | | | | 5. Relationship of Repor (Check all applicable) X Director | | | ting Person(s) to Issuer 10% Owner | | |
|--|------------|------------------------------|----------------|---|---|-------|--|----------|-------------------------------|-----------|--|--|-----------------------|--|--|---|--|---------------------------------------|--|
| (Last) (First) (Middle) 2140 LAKE PARK BLVD. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2016 | | | | | | | | | Office below | er (give titl v) | le | Othe belov | r (specify v) | | |
| (Street) RICHAR (City) | DSON T | | 75080 (Zip) | | 4. If | Amen | dment | , Date d | of Origin | al File | d (Month/Da | ay/Year) | | 6. In Line |) 【 Form | n filed by C | one Rep | ng (Check porting Per an One Re | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date | | | Date | 2. Transaction Date (Month/Day/Year) 2. Deemed Execution Date, if any (Month/Day/Year) | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or | | | nd Securities Beneficially Owned Follow | | es ally Following | Form: | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | Stock, Par | Value \$0.01 Per | Share | 07/15/2 | 2016 | | | | A ⁽¹⁾ | | 35 | A | \$14 | 2.6 | 5! | 93 | | I | Paul W. Schmidt Living Trust u/a/d 10/9/85 |
| Common Stock, Par Value \$0.01 Per Share | | | | | | | | | | | | | 16, | 113 | | I | Mary T. Schmidt Irrevocable Trust u/a/d 10/16/12 | | |
| Common Stock, Par Value \$0.01 Per Share | | | | | | | | | | | | | | | 3,2 | 251 | | D | |
| | | Ta | able II - | | | | | | | | osed of, convertib | | | | Owned | | | | |
| Derivative Conversion Date Execution Date, To Conversion or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te Amoun ear) Securiti Underly Derivati | | nt of ties ying | De Se (li | Price of erivative ecurity nstr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Numbe of Shares | r | | | | | |

Explanation of Responses:

1. Director's Quarterly Stock Compensation

Remarks:

Attorney-in-fact pursuant to the power of attorney dated December 3, 2012.

/s/ James K. Markey, attorney-07/15/2016 in-fact for Mr. Paul W. Schmidt

** 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.