#### SCHMIDT PAUL W

Form 4

January 19, 2010

## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 

**OMB APPROVAL** 

Number:

3235-0287

Expires:

January 31, 2005

0.5

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response...

subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* SCHMIDT PAUL W

2. Issuer Name and Ticker or Trading

Symbol

5. Relationship of Reporting Person(s) to Issuer

LENNOX INTERNATIONAL INC

[LII]

(Check all applicable)

(Middle)

3. Date of Earliest Transaction

\_X\_\_ Director Officer (give title below)

10% Owner Other (specify

C/O LENNOX INTERNATIONAL

(First)

(Street)

INC.

4. If Amendment, Date Original

Filed(Month/Day/Year)

(Month/Day/Year)

01/15/2010

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

RICHARDSON, TX 75080

(City)	(State)	(Zip) Tabl	e I - Non-Do	erivative	Secur	ities Acqu	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 3, 4 and 5)			Beneficially Form: Owned (D) or Following Indire Reported (Instr.	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common			Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)		
Stock, Par Value \$0.01 Per Share	12/24/2009		G V	750	D	\$ 0	24,040	D	
Common Stock, Par Value \$0.01 Per Share	01/15/2010		A <u>(1)</u>	512	A	\$ 39.04	24,552	D	

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title	e of 2	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	
Derivative		Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amou	nt of	Derivative	i
Securi	ty o	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	3) P	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securities	(Instr. 5)	į	
		Derivative				Securities			(Instr. 3 and 4)			
		Security				Acquired					1	
		·				(A) or						į
						Disposed						
						of (D)						
						(Instr. 3,						
						4, and 5)						
										Amount		
							Date Exercisable	Expiration Date	Title N	or		
										Number		
										of		
					Code V	(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SCHMIDT PAUL W
C/O LENNOX INTERNATIONAL INC. X
RICHARDSON, TX 75080

## **Signatures**

/s/ Kenneth C. Fernandez, attorney-in-fact for Mr. Paul W. Schmidt 01/19/2010

\*\*Signature of Reporting Person Date

# **Explanation of Responses:**

- \* 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).
- (1) Directors' Quarterly Stock Compensation

#### **Remarks:**

Attorney-in-fact pursuant to the power of attorney dated December 11, 2008.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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