#### LENNOX INTERNATIONAL INC

Form 4

October 15, 2015

## FORM 4

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

**OMB** 3235-0287 Number:

**OMB APPROVAL** 

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Issuer

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

2. Issuer Name and Ticker or Trading

LENNOX INTERNATIONAL INC

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

Symbol

1(b).

(Print or Type Responses)

SCHMIDT PAUL W

1. Name and Address of Reporting Person \*

				[LII]			0117	L II (C	(Check all applicable)		
	(Last) 2140 LAKI	(First) E PARK BLVD.	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/15/2015				_X_ Director 10% Owner Officer (give title below) Other (specify below)			
(Street)  RICHARDSON, TX 75080			4. If Amendment, Date 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			
	(City)	(State)	(Zip)	Tab	da I. Non	Dominatin	o Soor	witing A oa	Person	of an Danofia	iolly Owned
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	•	ed Date, if	3. Transacti Code (Instr. 8)	4. Securion(A) or D (Instr. 3,	ties A ispose 4 and (A) or	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
	Common Stock, Par Value \$0.01 Per Share	10/15/2015			A(1)	44	A	\$ 113.33	221	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								4,501	D	

Value \$0.01 Per Share

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 of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (Instr.		5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)
				Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1 0	Director	10% Owner	Officer Other					
SCHMIDT PAUL W								
2140 LAKE PARK BLVD.	X							
RICHARDSON, TX 75080								

## **Signatures**

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

10/15/2015

\*\*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) Director's Quarterly Stock Compensation

#### **Remarks:**

Reporting Owners 2

#### Edgar Filing: LENNOX INTERNATIONAL INC - Form 4

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

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.