FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL											
OMB Number: 3235-028											
Estimated average burden											
hours per response	e: 0.5										

	ction 1(b).	ide. See		Filed							ties Exchang mpany Act o		1934			nours	per re	esponse:	0.5
Name and Address of Reporting Person* Wall Shane D					2. Issuer Name and Ticker or Trading Symbol LENNOX INTERNATIONAL INC [LII]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 2140 LAKE PARK BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 04/15/2021								\exists		Office below	er (give title		Other (specify below)		
(Street) RICHARDSON TX 75080 (City) (State) (Zip)					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individue)	'				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Date,					s Acquired (A) f (D) (Instr. 3, 4		1 and Secur Benef		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	- 1	Transa	ransaction(s) nstr. 3 and 4)			(msu. 4)
Common Stock, Par Value \$0.01 Per Share 04/15/20					021				A ⁽¹⁾		80	A	\$311	1.59		721		D	
		Tal	ole II -								osed of, convertib				wned	t			
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Dat ty or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			3 and 4	at of ties ying tive ty (Instr.	Deriv Secu	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date		Number of Shares						

Explanation of Responses:

1. Director's Quarterly Stock Compensation

/s/ Sarah Braley, attorney-infact for Shane D. Wall

04/15/2021

** 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.