FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| | Washington, D.C. 205 | 549 | |
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| | | | |
| STATEMENT OF | CHANGES IN BEI | NEFICIAL OW | NERSHIP |

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average I | 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

| | | | | | | 01 \ | occu | 011 30(11) | or tile i | IIVCStilici | it Coi | ilpully Act | 01 13 | 7-0 | | | | | | | |
|--|---|-------------|------------------------------|---|--|---|-----------------------|---|-----------|-------------|--|---------------------|---|-------|---|--|---|--|---|------------|----|
| 1. Name and Address of Reporting Person* MAJOR JOHN E | | | | 2. Issuer Name and Ticker or Trading Symbol LENNOX INTERNATIONAL INC [LII] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
| (Last) 2140 LA | (| (First | • | Middle) | 3. Date of Earliest Transa 10/15/2018 | | | | action (M | onth/ | Day/Year) | | | | X | Director Officer (give title below) | | | 10% Owne Other (spe below) | | |
| (Street) RICHAR (City) | | ΓX State | | 75080 | | 4. If | f Ame | endment | , Date o | f Original | Filed | (Month/Da | ay/Ye | ear) | | 6. Indiv Line) X | Forn | or Joint/Group on filed by One on filed by Mor oon | e Reportin | g Pers | on |
| | | ` | | | n-Deriv | ative | Se | curitie | es Acc | quired, | Dis | posed o | f, o | r Ben | efici | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Tran Date | | | | Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | | ities Acquired d Of (D) (Instr | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock, Par Value \$0.01 Per Share 10. | | | 10/15 | 15/2018 | | | | A ⁽¹⁾ | | 22 | | A | \$21 | 18.4 | 18,249 | | I | | John Major and Susan B. Major, as Trustees of the Major Family Trust | | |
| Common Stock, Par Value \$0.01 Per Share | | | | | | | | | | | | | | | 2,145 | | D | | | | |
| | | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | Date, | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiratio (Month/D | 5. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Numbe of Title Shares | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Director Inc (I) (In: | t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Director's Quarterly Stock Compensation

Remarks:

Attorney-in-fact pursuant to power of attorney dated December 8, 2017.

/s/ Sarah Braley, attorney infact for Mr. John E. Major

10/15/2018

** 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.