LENNOX INTERNATIONAL INC

Form 4

January 17, 2012

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

may continue. See Instruction

1(b).

Stock, Par

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * COOPER JANET KATHERINE			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 LAKE	(First) E PARK BLVD	(Middle)		e of Earliest Transaction h/Day/Year) b/2012					X Director 10% Owner Officer (give title below) Other (specify below)			
				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)	Tabl	la I. Mau	D	42	C	.:4: .	Person uired, Disposed o	.f Df	ll O d	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ate 2A. Deen Execution any		3. Transacti Code (Instr. 8)	4. Sector(A) (Inst	ecurit or Di r. 3,	ties A spose 4 and (A) or (D)	cquired d of (D) 5)	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	
Value \$0.01 Per Share	01/13/2012			A <u>(1)</u>	148		A	\$ 33.75	27,055	D		
Common Stock, Par Value \$0.01 Per Share									2,322	I	As UTMA custodian for son	
Common									812	I (2)	As UTMA	

custodian

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Value for \$0.01 Per daughter

Share

Common Stock, Par As UTMA Value 2,322 I custodian \$0.01 Per for son 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)

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)			5. onNumber	6. Date Exer Expiration D	ate	7. Title Amou	nt of	8. Price of Derivative	9. Nu Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						`
					4, and 5)						
					, ,						
									Amount		
						Date	Expiration		or		
						Exercisable	^	Title	Number		
						LACICISAUIC	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
COOPER JANET KATHERINE 2140 LAKE PARK BLVD. RICHARDSON, TX 75080	X							

Signatures

/s/ Robert L. Villasenor, attorney-in-fact for Ms. Janet Katherine

Cooper 01/17/2012

**Signature of Reporting Person Date

Reporting Owners 2

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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
- (2) The reporting person disclaims beneficial ownership of these shares, and this report shall not be deemed an admission that the reporting person is the beneficial owner of these shares for purposes of Section 16 or for any other purpose.

Remarks:

Attorney-in-fact pursuant to the power of attorney dated May 12, 2010.

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.