#### LENNOX INTERNATIONAL INC

Form 4

January 17, 2017

# FORM 4

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

**OMB** Number:

3235-0287

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

January 31, Expires: 2005

response...

5. Relationship of Reporting Person(s) to

Issuer

Estimated average burden hours per 0.5

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

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

2. Issuer Name and Ticker or Trading

LENNOX INTERNATIONAL INC

Symbol

1(b).

(Print or Type Responses)

SCHMIDT PAUL W

1. Name and Address of Reporting Person \*

				[LII]			(Check all applicable)				
(Last) (First) (Middle) 2140 LAKE PARK BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 01/17/2017					X Director 10% Owner Officer (give title 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			
							Person				
	(City)	(State)	(Zip)	Tab	ole I - Non	-Derivativ	e Seci	urities Acq	uired, Disposed	of, or Benefic	ially Owned
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	Code (Instr. 8)	4. Securion(A) or D (Instr. 3,	ispose 4 and (A) or	ed 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	01/17/2017			A(1)	32	A	\$ 153.17	1,957	I	Paul W. Schmidt Living Trust u/a/d 10/9/85
	Common Stock, Par Value \$0.01 Per Share								8,113	I	Mary T. Schmidt Irrevocable Trust u/a/d 10/16/12
	Common Stock, Par								2,689	D	

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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. Transactic Code (Instr. 8)	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							
.r. g	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

01/17/2017

\*\*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

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Attorney-in-fact pursuant to the 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.