

CLIFFS NATURAL RESOURCES INC.

Reported by KIRSCH JAMES F

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/09/13 for the Period Ending 05/07/13

Address 200 PUBLIC SQUARE

STE. 3300

CLEVELAND, OH 44114-2315

Telephone 216-694-5700

CIK 0000764065

Symbol CLF

SIC Code 1000 - Metal Mining

Industry Metal Mining
Sector Basic Materials

Fiscal Year 12/31





Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Kirsch James	F					IFFS NA		URA	AL I	RES	OU	RCES	X Direc	ctor		10% (Owner	
(Last)	(First)	(Middle)			3. Date of Earliest Transaction (MM/DD/YYYY)							D/YYYY)	Office below)	r (give title l	below) _	Other	Other (specify	
119 SUN STR	EET							5/7/	201	3								
(Street)														6. Individual or Joint/Group Filing (Check Applicable Line)				
ROSCOMMO	ON, MI	48653											V Form f	ilad by Ona	Donorting Do	roon		
(City)	(State)	(Zij	p)												Reporting Per han One Rep		n	
		Table	I - Non-	Deriv	ativ	ve Securit	ties	Acq	uirec	d, Di	spos	ed of, or	Beneficially	y Owned				
1.Title of Security (Instr. 3)			2. Tr Date	te Deemed		Co (In	Trans. de Acquired (A) Disposed of (I (Instr. 3, 4 and Code V Amount (D)		(Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
Common Shares													1949	0.3850		D		
	le II - De											·	nts, options		T	· · · · · · · · · · · · · · · · · · ·		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any	Code	8) I	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5		6. Date Exercisable and Expiration Date					•	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned	Ownership Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerc	cisable	Expi Date	ration	Title	Amount or Number of Shares		Reported Transaction (s) (Instr. 4)	(I) (Instr. 4)		
Stock Units	(1)	5/7/2013		A		3985.0000			(2)		(2)	Common Shares	3985.0000 (2)	\$0.0000	7804.7698	D		
	•		•	•				-				•	•	•	•	•		

Explanation of Responses:

- (1) Convertible into Common Shares on a 1-for-1 basis.
- (2) Reflects the number of Common Shares credited to the account of the Reporting Person on the Annual Meeting of Shareholders dated May 7, 2013 ("Annual Equity Grant"). The Reporting Person elected to defer the Annual Equity Grant acquired pursuant to the Issuer's Nonemployee Directors' Plan (the "Plan"). The aggregate number of Common Shares of underlying deferred compensation credited to the account of the Reporting Person pursuant to the Plan. Each Stock Unit is generally distributable following termination of service as a Director.

Reporting Owners

F-									
Panarting Owner Name / Address	10	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Kirsch James F									
119 SUN STREET	X								
ROSCOMMON, MI 48653									

Signatures

/s/ Carolyn Cheverine by Power of Attorney

** Signature of Reporting Person

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 control number.