

CLIFFS NATURAL RESOURCES INC.

Reported by SCHWARTZ ALAN G

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/02/04 for the Period Ending 01/01/04

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 Expires: January 31, 2005 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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				*	2. Issuer Name and Ticker or Trading Symbol 5. Rela (Check									ionship of Reporting Person(s) to Issuer all applicable)			
SCHWARTZ	ALAN	G			CLE	EVELA	ND (Cl	LIFFS	I	NC [CI	LF]					
(Last) (First) (Middle)				3	3. Date of Earliest Transaction (MM/DD/YYYY)							X Direc	ctor	-	10% (Owner	
												Officer (give title below) — Other (specify					
YALE LAW	SCHOO)L, 1	27 WAI	LL			1	/1	/2004				below)				
STREET																	
(Street)												6. Individual or Joint/Group Filing (Check Applicable Line)					
NEW HAVE	N, CT 0	6520)														
(City) (State) (Zip)											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tal	ole I - Non	-Deri	ivativ	ve Secur	ities A	cc	mired.	Dis	sposed of	f. or B	eneficially	v Owned	•		
1.Title of Security				2. Tr			3. Trans	_			Acquired		ount of Securit			6.	7. Nature
(Instr. 3)			Date		Deemed Execution Date, if	Code (Instr. 8)		(A) or Dispos (Instr. 3, 4 an				owing Reported Transaction(s) r. 3 and 4)			Form: Benefic	of Indirect Beneficial Ownership	
						any				(A)						or Indirect	
							Code	v	Amount	or (D)	Price					(I) (Instr. 4)	
Common Shares				1/1/2	2004		A (1)		49.0677	A	\$50.9500		295	7.3330		D	
Tab	ole II - De	rivati	ive Securi	ties B	enef	icially O	wned	(4	e.g. , pu	ıts,	calls, wa	rrant	s, options,	convert	ible secur	ities)	
Title of Derivate Security	2. Conversion	Date		4. Γrans. Code Instr. 8)	5. Number of Derivative Securities) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					7. Title and Amoun Securities Underlyi Derivative Security (Instr. 3 and 4)			8. Price of Derivative	of 9. Number	10. Ownership	11. Nature of Indirect	
(Instr. 3)	or Exercise		Execution C										Security (Instr. 5) derivat Security Benefit Owned	derivative	Form of	Beneficial	
	Price of Derivative		any												Derivative Security:	Ownership (Instr. 4)	
	Security													Owned Following	Direct (D) or Indirect		
												Re		Reported	(I) (Instr.		
				Code V	(A)	(D)	Date Exerci	sab	Expiration Date Title Amount or N Shares		lumber of	Transaction (s) (Instr. 4)		4)			

Explanation of Responses:

(1) (1) Reflects payment of 40% of Reporting Person's Quarterly Retainer payable in Common Shares under the Cleveland-Cliffs Inc Nonemployee Directors Compensation Plan. Full shares earned in 2004 will be issued effective January 3, 2005.

Reporting Owners

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
SCHWARTZ ALAN G YALE LAW SCHOOL 127 WALL STREET NEW HAVEN, CT 06520	X							

Signatures

/s/ John E. Lenhard; by power of attorney

1/2/2004

^{**} 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.