

CLIFFS NATURAL RESOURCES INC.

Reported by **CUNNINGHAM SUSAN M**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 04/05/10 for the Period Ending 04/01/10

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

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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	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CUNNINGH	AM SUS	SAN	M			FFS NA . [CLF		A]	L RES	O	URCI	ES	X Dire	ctor	-	10% (Owner
(Last) (First) (Middle)			3	3. Date of Earliest Transaction (MM/DD/YYYY)							Officer (give title below) Other (specify below)						
200 PUBLIC	SQUAF	RE, S	STE. 330	0			4/1	/2	010								
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
CLEVELAND, OH 44114 (City) (State) (Zip)											_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	ole I - Non	-Deri	vativ	e Securi	ties Acq	Įui	red, Di	spo	sed of	, or B			•		
			2. Tr		2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A Disposed of (Instr. 3, 4 a		(A) or Foll (Ins and 5)		str. 3 and 4)		Ownership Form:	Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price					(I) (Instr. 4)	(mon)
Common Stock				4/1/	2010		A (1)		69.1085	A	\$72.35		9512	2.0693 (2)		D	
Tab	ole II - De	rivati	ive Securi	ties B	enefi	cially O	wned (e	.g	. , puts	cal	lls, wa	rrant	s, options	, convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution C (I any	rans. ode	Deriv Secur Acqui Dispo	ative	and Expiration Date				7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		ing y	(Instr. 5)	of derivative Securities Beneficially Owned Following Reported Transaction	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial
				ode V	(A)	(D)	Exercisab			Tit	le Share		vaniluci ()i		(s) (Instr. 4)		

Explanation of Responses:

- (1) Reflects number of Common Shares credited to the account of the Reporting Person in payment of the Reporting Person's Required Quarterly Retainer for the second quarter of 2010 under the Cliffs Natural Resources Inc. Nonemployee Directors Compensation Plan ("Plan"). Full shares earned pursuant to the Plan in 2010 will be issued effective January 2, 2011.
- (2) The Board of Directors of Cliffs Natural Resources Inc. (the "Company") declared a dividend of \$.0875 per share, payable to all holders of record as of February 14, 2010 of common stock payable on March 1, 2010. The amount shown reflects 7.6388 shares credited to the Reporting Person pursuant to the Company's Dividend Reinvestment and Stock Purchase Plan.

Reporting Owners

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
CUNNINGHAM SUSAN M 200 PUBLIC SQUARE STE. 3300 CLEVELAND, OH 44114	X							

Signatures

Traci L. Forrester by Power of Attorney

4/5/2010

** 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 control number.