

CLIFFS NATURAL RESOURCES INC.

Reported by **BOOR WILLIAM C**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/14/12 for the Period Ending 03/12/12

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: November 30,

2011

Estimated average burden

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response... 0.5 **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. Iss	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Boor William C					CLIFFS NATURAL RESOURCES INC. [CLF]							Directo	or	_	10% O	wner
(Last) (First) (Middle) 200 PUBLIC SQUARE, SUITE 3300					3. Date of Earliest Transaction (MM/DD/YYYY) 3/12/2012							X Officer (give title below) Other (specify below) SVP, Global Ferroalloys.				
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)				
CLEVELAND, OH 44114-2315 (City) (State) (Zip)												X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tak	ole I - Non	-Derivati	ve Securi	ties Acq	ιui	red, Di	spo	sed (of, or I	Beneficially	y Owned			
1			2. Trans. Date	2A. Deemed Execution Date, if any	(Instr. 3,			l (A) l of (l 4 and	(A) or of (D) (Instr. 3		ng Reported Transaction(s)			Ownership Form:	Beneficial Ownership	
						Code	V	Amount	(A) or (D)	Price					(I) (Instr. 4)	(Instit 1)
Common Stock 3/				3/12/2012		A		1770 (1)	A	\$ 0		34378.7724 (2)			D	
Common Stock												16	891		I	VNQDC (3)
Tal	ole II - De	rivat	ive Securi	ties Benef	icially O	wned (e	g.g.	, puts,	cal	ls, w	varrant	ts, options,	, convert	ible secur	rities)	
Derivative any Security			rans. Code Secu Instr. 8) Acq Disp	umber of vative rities nired (A) or osed of (D)	and Expiration Date				curitie rivativ str. 3	and Amount or I	ing	Derivative Security (Instr. 5)		Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V (A)	(D)	Exercisab	- 1		Titl	Ie I	ares			(s) (Instr. 4)			

Explanation of Responses:

- (1) Reflects the number of restricted share units granted to the Reporting Person on March 12, 2012 for the Performance Period 2012 to 2014 from the Issuer's Amended and Restated Cliffs 2007 Incentive Equity Plan.
- (2) The amount shown reflects 54.3361 shares credited on March 2, 2012 to the Reporting Person pursuant to the Dividend Reinvestment and Stock Purchase Plan.
- (3) Held for the benefit of the Reporting Person by the Issuer's 2005 Voluntary Non-Qualified Deferred Compensation Plan ("VNQDC").

Reporting Owners

Paperting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Boor William C 200 PUBLIC SQUARE SUITE 3300 CLEVELAND, OH 44114-2315			SVP, Global Ferroalloys.					

Signatures

/s/ Keirsten Riedel By Power of Attorney

3/14/2012

** 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.