

CLIFFS NATURAL RESOURCES INC.

Reported by **BRLAS LAURIE**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/17/12 for the Period Ending 02/15/12

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 *				1 *	2. Issuer Name and Ticker or Trading Symbol							Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
					CLIFFS NATURAL RESOURCES INC. [CLF]							RCES	Directo	or	_	10% Ov	wner
					3. Date of Earliest Transaction (MM/DD/YYYY)							D/YYYY)	below)	icer (give title below) Other (specify			
200 PUBLIC	SQUAF	RE, S	UITE :	3300			2/1	15	/2012				Executive	vi unu			
					4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)				
CLEVELAN	D, OH 4	411 4	I-2315														
(City) (State) (Zip)												X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	ole I - No	n-Deri	ivativ	ve Securi	ities A	cq	uired, l	Dis	pose	d of, or I	Beneficially	y Owned			
1.Title of Security (Instr. 3)				2. Ti Date		2A. Deemed Execution Date, if	3. Trans. Code (Instr. 8)		4. Securi (A) or D (D) (Instr. 3,	ispo	osed of			ties Beneficially Owned Transaction(s)		Ownership Form: Direct (D)	Beneficial Ownership
						any	Code	v	Amount	(A) or (D)		ce				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				2/15	5/2012		S (1)		500	D	\$70	0	63	3616		D	
Common Stock				2/15	5/2012		S (1)		100	D	\$69.	94	63	3516		D	
Common Stock				2/15	5/2012		S (1)		400	D	\$69.	.93	63	3116		D	
Common Stock													15	5784		I	By VNQDC
Tab	ole II - De	rivati	ive Secur	rities B	enef	icially O	wned ((e.	.g. , put	ts, c	calls	, warrant	ts, options	, convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Deemed Execution Date, if	4. Trans. Code (Instr. 8)	5. Number of Derivative Securities		6. Date Exercisable and Expiration Date				7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		ying Y	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial
				Code V	(A)	(D)	Date Exercis	abl	Expirat e Date	ion		Amount or I Shares	Number of		(s) (Instr. 4)	7)	

Explanation of Responses:

- (1) The sale reported was affected pursuant to Rule 10b5-1 trading plan adopted by the Reporting Person on September 6, 2011.
- (2) Held for the benefit of the Reporting Person by the Issuer's 2005 Voluntary Non-Qualified Deferred Compensation Plan.

Reporting Owners

Reporting Owners								
Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	rOfficer	Other				
BRLAS LAURIE 200 PUBLIC SQUARE SUITE 3300			Executive VP and CFO					

2/17/2012	
	2/17/2012

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Date

- * 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.