

CLIFFS NATURAL RESOURCES INC.

Reported by **CUNNINGHAM SUSAN M**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 10/02/07 for the Period Ending 10/01/07

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 *													(Check all	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
CUNNINGHAM SUSAN M (Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)								X Direct	X Director 10% Owner Officer (give title below) Other (specify				
1100 SUPERIOR AVENUE, 15TH FLOOR				H	10/1/2007								below)					
(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	-Der	ivativ	e Securi	ties Acq	ιui	ired, Di	spo	sed	l of, o	r Beneficially	y Owned				
1			2. T	Γrans. te	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Fo	Amount of Secur ollowing Reported astr. 3 and 4)			Ownership Form:	Beneficial Ownership			
						any	Code	v	Amount	(A) or (D)	Pr	ice				(I) (Instr. 4)	(111311. 4)	
Common Stock 10				10/	/1/2007		A (1)		40.8586	A	\$91	.78	2390	2390.0842 (2)				
Tab	ole II - De	rivati	ive Securi	ties I	Benefi	cially O	wned (e	.g	. , puts	, cal	lls,	warra	ants, options	, convert	ible secur	ities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Deemed Execution	l. Γrans. Code Instr. 8	Deriv Secur Acqui Dispo	ative	6. Date Exercisable and Expiration Date		on Date	7. Title and An Securities Undo Derivative Secu (Instr. 3 and 4)		ties Und tive Sec 3 and 4)	erlying urity	ing Derivative Security (Instr. 5)		Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial	
				Code	V (A)	(D)	Date Exercisab	- 1	Expiration Date	Tit		Amount Shares	or Number of	Transactio (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 fourth quarter of 2007 under the Cleveland-Cliffs Inc Nonemployee Directors Compensation Plan. Full shares earned in 2007 will be issued effective January 2, 2008.
- (2) On July 10, 2007, the Company declared a dividend of \$.125 per share, payable to all holders of record as of August 15, 2007 of common stock payable on September 4, 2007. The amount shown reflects .7605 shares credited to the Reporting Person pursuant to the Company's Dividend Reinvestment and Stock Purchase Plan.

Reporting Owners

Panarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
CUNNINGHAM SUSAN M 1100 SUPERIOR AVENUE								
15TH FLOOR	X							
CLEVELAND, OH 44114								

Signatures

Susanne E. Dickerson by Power of Attorney

10/2/2007

** 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.