

## CLIFFS NATURAL RESOURCES INC.

# Reported by **ORESMAN STEPHEN B**

#### 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

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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. Iss	suer Name	and Tic	keı	r or Tra	ding	Syn		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
ORESMAN ST	<b>TEPHEN</b>	B		CLI	EVELA	ND CL	IF	FFS IN	IC [	CL	<b>F</b> ]					
(Last) (First) (Middle)				3. Da	3. Date of Earliest Transaction (MM/DD/YYYY)							X Director	X _ Director10% Owner  Officer (give title below) Other (specify below)			
49 SUNSWYCK ROAD						1/2	2004				Officer (give	title below,		other (speen	y below)	
	(Street)			4. If	Amendme	nt, Date	Or	riginal F	iled	(MM	/DD/Y	YYYY) 6. Individual on Line)	r Joint/Gi	roup Filing	g (Check Ap	plicable
DARIEN, CT (	06820											_ <b>X</b> _ Form filed by	One Repor	ting Person		
(City)	(State)	(Zip)	)									Form filed by N			Person	
		Ta	ble I - No	n-Deriva	itive Secu	rities Ac	qu	iired, D	ispo	sed (	of, o	or Beneficially Owne	ed			
1		2. Trans. Date	2A. Deemed Execution Date, if	3. Trans. Code (Instr. 8)	I	4. Securities Acquire (A) or Disposed of ( (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Owned	Ownership of Form:	Beneficial Ownership		
					any	Code	v	Amount	or (D)	Pri	ice				(I) (Instr. 4)	(msu. 4)
Common Shares				1/1/2004		A (1)		49.0677	A	\$50.9	500	2957.3	330		D	
	Table II	- Deriva	tive Secu	rities Ber	neficially (	Owned (	e.ş	g. , put	s, cal	lls, w	varr	ants, options, conve	rtible sec	curities)	•	•
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	5. Number of Derivative S Acquired (A Disposed of (Instr. 3, 4 a	e Securities (A) or of (D)		and Expiration Date Se				tle and Amount of rities Underlying vative Security r. 3 and 4)	(Instr. 5)	of derivative Securities Beneficially Owned	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	/ (A)	(D)		ate xercisable	Expii Date	ation	Title	Amount or Number of Shares		Reported Transaction (s) (Instr. 4)	(I) (Instr.	

#### **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	ips Officer	Other					
ORESMAN STEPHEN B									
49 SUNSWYCK ROAD	X								
DARIEN, CT 06820									

#### Signatures

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

\*\* 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.