

CLIFFS NATURAL RESOURCES INC.

Reported by **BRAKE WILLIAM**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/29/12 for the Period Ending 02/27/12

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

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2011

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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 *				* 2.1	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
BRAKE WIL	LIAM				LIFFS NA IC. [CLF		RA	AL RES	SO	URC	CES	Directo	or	_	10% Ov	wner
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							X Officer (give title below) Other (specify below) Other (specify below) Other (specify below)				
200 PUBLIC	SOUAR	RE, S	UITE 3	300		2/2	7.	/2012								
	(Street)			4.]	If Amendm	ent, Da	te	Original	Fi	led		6. Individi Applicable Li		nt/Group I	Filing (Che	eck
CLEVELANI	$0.0H_4$	4114	L-2315													
(City)	(State)		(Zip)								X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Non	-Deriva	ıtive Securi	ties Ac	qı	uired, D	sp	osed o	of, or B	seneficially	y Owned			
		2. Trans Date	Deemed Execution Date, if	3. Trans. Code (Instr. 8)		4. Securities (A) or Dispo (D) (Instr. 3, 4 and		osed of Follo		Amount of Securities Beneficially Owned llowing Reported Transaction(s) str. 3 and 4)			Ownership Form: Direct (D)	Beneficial Ownership		
					any	Code	v		A) or O)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				2/27/20	012	A (1)		702	4	\$66.61		12	259		I	VNQDC
Tab	ole II - De	rivati	ve Securi	ties Ben	neficially O	wned (e.	g. , puts	, ca	alls, wa	arrant	s, options,	, convert	ible secur	ities)	
		e Date Execution Coo Date, if (Ins		rans. Dode Sonstr. 8) A	Number of Derivative ecurities acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date			S	7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		ing	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial
			C	ode V	(A) (D)	Date Exercisa	Date Expiration Date T		1 T	itle Sha		Number of		Transaction (s) (Instr. 4)	4)	

Explanation of Responses:

(1) The amount represents an exchange of a portion of the Reporting Person's 2011 cash bonus for 562 shares of Cliffs Natural Resources Inc. Common Shares on a deferred basis (Exchange Shares) under the Issuer's 2005 Voluntary Nonqualified Deferred Compensation Plan ("VNQDC Plan"). An additional 140 deferred shares (Match Shares) were credited to the account of the Reporting Person into the VNQDC Plan equal to 10 percent of the market value of the Exchanged Shares on the deferral date of the bonus payment pursuant to the VNODC Plan.

Reporting Owners

Danastina Oroman Nama / Adduses	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BRAKE WILLIAM								
200 PUBLIC SQUARE			EVP, Global Metallics					
SUITE 3300		Evi, Giobai Metan						
CLEVELAND, OH 44114-2315								

/s/ Keirsten Riedel by Power of Attorney

2/29/2012

** 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.