## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	pe Responses		•									5 D 1	1	~	( ) . T	
1. Name and Address of Reporting Person * Flanagan Timothy K				CLI	2. Issuer Name and Ticker or Trading Symbol CLIFFS NATURAL RESOURCES INC. [CLF]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner X Officer (give title below) Other (specify below)  VP, Corp Controller & CAO				
(Last) (First) (Middle) 200 PUBLIC SQUARE, SUITE 3300					3. Date of Earliest Transaction (Month/Day/Year) 09/10/2015								VP, Co	orp Controlle	er & CAU	
CI EVEI	AND OH	(Street)	5	4. If	Amendme	nt, I	Date Origi	nal File	ed(Month/D	Day/Year)		_X_ Form fil	ual or Joint/Oled by One Repo	orting Person	Check Applica	ole Line)
	LEVELAND, OH 44114-2315 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						Acqui	ured, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Exec any	A. Deemed xecution Date, if		3. Transa Code (Instr. 8)		n 4. Securities Acqu		of (D)	Beneficia Reported	unt of Securities ially Owned Following d Transaction(s)		6. Ownership Form:	Beneficial
				(Moi	nth/Day/Y	ear)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	. 3 and 4) Direct (I or Indire (I)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
	Chamas		09/10/2015				A		44,789 (1)	A	\$ 0	88,811			D	
Common		separate line for	each class of sec	urities b	oeneficially	y ow	ned direct	lly or ir Perso	ons who lined in	respor	m are	not requ	ction of inf	spond unle	ess	1474 (9-02)
		separate line for			peneficially			Perso conta	ons who lined in orm disp	respor this for plays a	m are curre	not requestly valid	uired to res OMB conf	spond unle	ess	1474 (9-02)
Reminder:	Report on a s	3. Transaction Date (Month/Day/Y	Table II  3A. Deemee Execution I	- <b>Deriv</b> : ( <i>e.g.</i> , p	ative Secu puts, calls, 4. Transaction	SAA(((	es Acquir rrants, op	Persoconta the fo	ons who nined in orm disp	respon this for plays a , or Ben ble secun sable Date	eficialirities) 7. Ti Amo Unde	not requestly valid	OMB conf	spond unle	of 10. Owners Form of Derivati Security Direct ( or Indire	11. Nat of India Benefic Owners (Instr. 4

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Flanagan Timothy K 200 PUBLIC SQUARE SUITE 3300 CLEVELAND, OH 44114-2315			VP, Corp Controller & CAO				

# **Signatures**

/s/ Traci L. Forrester by Power of Attorney	09/14/2015
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* 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).
- (1) Reflects the number of restricted share units granted to the Reporting Person on September 10, 2015 from the Cliffs Natural Resources Inc. 2015 Equity and Incentive Compensation Plan. This grant vests on December 15, 2017.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.