FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | |
|--|---|---------------------------------------|--|---|-----------------------------------|--|---------|---|------------|---|--|--------------------------------------|---|--|---|
| 1. Name and Address of Reporting Person * Fedor Terry G. | | | | 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 X Officer (give title below) EVP, United States Iron Ore | | | | | |
| (Last) (First) (Middle) 200 PUBLIC SQUARE, SUITE 3300 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/10/2015 | | | | | | | EVP, U | Inited States | Iron Ore | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| CLEVELAND, OH 44114-2315 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqui | | | | | | | ired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | | (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (Distr. 3, 4 and 5) | | uired of (D) | D) Beneficially Owned Following Reported Transaction(s) | | les Following | 6. Ownership Form: | 7. Nature of Indirect Beneficial |
| | | | | (Month/Day/Ye | ar) | Code | V | Amour | (A) or (D) | Price | (Instr. 3 and 4) | | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common | Shares | | 09/10/2015 | | | A | | 99,083 (1) | 5 A | \$ 0 | 152,394 | | | D | |
| | | | | Derivative Secur | | Acquire | the fo | rm dis | splays a | curre eficial | ntly valid | OMB con | spond unle trol numbe | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/ | 3A. Deemed Execution Dat Year) any | (e.g., puts, calls, value, if Transaction Code Year) (Instr. 8) | 5. Num of Der Sec (A) Dis of (Ins | 5. Number of Control o | | | | 7. T Am Und Sec (Ins 4) | itle and ount of lerlying urities tr. 3 and Amount or Number | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivat Securit Direct of | f Beneficia Ownershi (Instr. 4) D) ect |
| | | | | Code V | (A | (A) (D) | Excicis | 154010 | Daic | | of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | |

| | Relationships | | | | | | | |
|---|-----------------------|--|-----------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director 10% Owner | | Officer | Other | | | | |
| Fedor Terry G. 200 PUBLIC SQUARE SUITE 3300 CLEVELAND, OH 44114-2315 | | | EVP, United States Iron Ore | | | | | |

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.