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)														
Name and Address of Reporting Person Stoliar Gabriel				2. Issuer Name and Ticker or Trading Symbol CLIFFS NATURAL RESOURCES INC. [CLF]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 200 PUBLIC SQUARE, SUITE 3300				3. Date of Earliest Transaction (Month/Day/Year) 04/27/2016												
(Street) CLEVELAND, OH 44114-2315				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City	(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
(Instr. 3)		2. Transaction Date (Month/Day/Year)		Date, i	(Instr. 8)		(A) or Disposed		of (D) Beneficia		ally Owned Following Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership		
				(Month/Day/Year)			ode	V	Amour	(A) or (D)	Price		iiu 4)		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Shares		04/27/2016				A		19,722 1)	2 A	\$ 0	92,841	92,841		D		
	Topon on a	oparate interes	r each class of secur Table II - J	Derivative S	Securit	ties Ac	equire	Persor contain the for ed, Disp	ns wh ned ir m dis	no respon n this for splays a	m arc curre eficia	e not requently valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	3A. Deemed Execution Da	Code	saction . 8)	5. Num of	ber vative rities ired r osed)	6. Date and Ex (Month	e Exerc cpiratio h/Day/	cisable on Date	7. T Am Und Sec (Ins 4)	Amount of or Number of Shares		9. Number Derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Stoliar Gabriel 200 PUBLIC SQUARE SUITE 3300 CLEVELAND, OH 44114-2315	X						

Signatures

/s/ James D. Graham by Power of Attorney	04/29/2016		
**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 shares granted to the Reporting Person as the 2016 Director Restricted Shares pursuant to the Amended and Restated 2014 Nonemployee Directors' Compensation Plan.

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.