FORM 4

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

OMB APPROVA	٩L				
OMB Number: 3	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

(Fillit of Ty	pe Responses	5)																	
Name and Address of Reporting Person* SIEGAL MICHAEL D				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						
200 PUBLIC SQUARE, SUITE 3300 (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 04/25/2017								Officer (giv	ve title below)		Other (specify below)	
CI EVEL		4. If Amendment, Date Original Filed(Month/Day/Year)									6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, o								l of ou Don	-£-:-II C	· J					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if		3, if C		saction	4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		quired of (D) S. Amount of Owned Follow Transaction(s)		Securities Beneficially ving Reported		6. Owner	7. 1 ership Ind : Ber	7. Nature of Indirect Beneficial				
				(Month/E	Day/Y	ear)	Code	e V	Am		A) 01 (D)	ì	(Instr. 3 and 4)					rnership str. 4)	
Common	Shares		04/25/2017				A		10, (1)	373 A	4	\$ 0 4	19,599			D			
Common	Shares											1	8,963			I	D. Re	Michael D. Siegal Revocable Trust	
Reminder:	Report on a s	eparate line for eac	h class of securities	beneficial	lly ow	ned di	rectly	or indir	ectly.										
								con	taine	d in th	is fo	rm are n	e collection not required alid OMB co	to respon	d unless	the	SEC 14	174 (9-02)	
			Table II -	Derivativ				uired, D	ispos	sed of, o	r Bei	neficially							
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year)		3A. Deemed Execution Date, it	4. 5. Transaction of Code Dr (Instr. 8) Sc A		5. Nun	nber tive ties red sed	6. Date Exercisable and Expiration Date (Month/Day/Year)		Ţ	7. Title an	g Securities	Security (Instr. 5) 8. Price of Derivative Security (Instr. 5) 9. Numl Derivative Securiti Securiti Owned Followi Reporte Transac (Instr. 4)		re s ally g ion(s)	Ownershi Form of Derivative Security: Direct (D) or Indirec (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)			
				Code	V	(A)	(D)	Date Exercis	able	Expirat Date	ion	Γitle	Amount or Number of Shares						
Deferred Shares	(3)	04/25/2017		A		3,458		(3)	1	(3)	. (Common Shares	n 3,458.00	\$ 0	21,73	35	D		

Reporting Owners

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

Signatures

/s/ James D. Graham by Power of Attorney	,	04/27/2017			
**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 2017 Director Restricted Shares pursuant to the Amended and Restated 2014 Nonemployee Directors' Compensation Plan.
- (2) The Reporting Person has elected to defer a portion of his 2017 Director Restricted Shares (the "Deferred Shares").
- (3) Each Deferred Share is the economic equivalent of one Issuer common share. The Deferred Shares become payable, in cash or common stock, at the election of the Issuer's Governance and Nominating Committee, in accordance with the Reporting Person's deferral election and the terms of the 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.