FORM 4

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

OMB APPROVAL
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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

Name and Address of Reporting Person * Fisher Robert P Jr			2. Issuer Name and Ticker or Trading Symbol CLEVELAND-CLIFFS INC. [CLF]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 200 PUBLIC SQUARE, SUITE 3300			3. Date of Earliest Transaction (Month/Day/Year) 03/12/2020					•						
(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 Person Form filed by More than One Reporting Person					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					Acqui	nired, Disposed of, or Beneficially Owned					
1.Title of Securit (Instr. 3)	ity	Date	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea	(Instr. 8		(A) or Disposed of (Instr. 3, 4 and 5)		(D) Beneficia Reported		nt of Securities ally Owned Following I Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
				(Wolldin Day) 1 ca	Code	V	Amount	(A) or (D) I	Price	(Instr. 3 and 4)			or Indirect (I) (Instr. 4)	
Common Sha	ares	03/1	12/2020		P		10,000	A S	\$ 4	134,030	1		D	
						cont	ained in	this forn	n are	not requ		ormation spond unle rol numbe	ss	1474 (9-02)
				Derivative Securi		cont the f red, Di	ained in form dis	this form plays a c f, or Bene	n are urren ficiall	not requ ntly valid	ired to res	spond unle	ss	1474 (9-02)
(Instr. 3) Price	Exercise (Monte of ivative	ransaction e onth/Day/Year)	3A. Deemed Execution Data	Derivative Securi e.g., puts, calls, w 4. te, if Transaction Code (Instr. 8)	arrants,	cont the f	ained in form dis	this form plays a c f, or Bene ible securi isable n Date	ficiall ities) 7. Tit Amo Under Securi	not requ ntly valid	OMB cont	spond unle	of 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nat of Indir Benefic Owners : (Instr. 4

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Fisher Robert P Jr 200 PUBLIC SQUARE SUITE 3300 CLEVELAND, OH 44114-2315	X					

Signatures

/s/ James D. Graham by Power of Attorney	03/12/2020
**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).

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.