FORM 4

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)														
1. Name and Address of Reporting Person * CALFEE WILLIAM R				2. Issuer Name and Ticker or Trading Symbol CLEVELAND CLIFFS INC [CLF]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Exec. V.P. Comm. N.Amer. Iron				
(Last) (First) (Middle) 1100 SUPERIOR AVENUE, 15TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 03/13/2007										
(Street) CLEVELAND, OH 44114				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				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						lired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Date	any		e, if C	if Code (Instr. 8)		a) or Dispose astr. 3, 4 and	ed of (D) Or Tr	Owned Follo Transaction(s (Instr. 3 and 4		owing Reported s)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
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2. Conversion or Exercise Price of Derivative Security	Date Exec (Month/Day/Year) any	3A. Deemed Execution Date, any	4. 5. if Transaction N Code of (Instr. 8) D Sc A (// D Of (I		5. 6 Number a		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. To Sec.		7. Title and of Underly Securities	7. Title and Amount of Underlying Securities		Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	Ownersh (Instr. 4)
			Code	V	(A)	(D)	Date Exercisable		Title	or				
<u>(1)</u>	03/13/2007		A		990	. ,	(2)	(2)	Common	990	\$ 0 (<u>2</u>)	990	D	
	d Address of WILLIAM PERIOR A AND, OH Conversion or Exercise Price of Derivative Security	d Address of Reporting Person-WILLIAM R (First) PERIOR AVENUE, 15TH (Street) AND, OH 44114 (State) Report on a separate line for each or Exercise Price of Derivative Security 1	d Address of Reporting Person* WILLIAM R (First) (Middle) PERIOR AVENUE, 15TH FLOOR (Street) AND, OH 44114 (State) (Zip) ecurity 2. Transaction Date (Month/Day/Year) Report on a separate line for each class of securities Table II - 1 2. Conversion or Exercise Price of Derivative Security And Demed Execution Date, any (Month/Day/Year)	d Address of Reporting Person 2. Issuer CLEVEI WILLIAM R (First) (Middle) PERIOR AVENUE, 15TH FLOOR (Street) (AND, OH 44114 (State) (Zip) (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Table II - Derivative (e.g., puts, any (Month/Day/Year) (Month/Day/Year) 2. 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D (1 0 N /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CALFEE WILLIAM R 1100 SUPERIOR AVENUE 15TH FLOOR CLEVELAND, OH 44114			Exec. V.P. Comm. N.Amer. Iron				

Signatures

George W. Hawk, Jr. by Power of Attorney	03/15/2007
**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) Convertible into Common Shares on a 1-for-1 basis.
- Represents a grant of Retention Units to the Reporting Person under the Cleveland-Cliffs Inc Long-Term Incentive Program covering the period January 1, 2007 through December (2) 31, 2009 (Incentive Period). Payment of the Retention Units will be made in cash after the completion of the Incentive Period based upon the employment by the Company of the Reporting Person and the market value of a Common Share of the Company on the last day of the Incentive Period.

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.