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 Kesponse	8)																		
Name and Address of Reporting Person * Paradie Terrance M				2. Issuer Name and Ticker or Trading Symbol CLIFFS NATURAL RESOURCES INC. [CLF]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Director Officer (give title below) Other (specify below) EVP, CFO & Treasurer								
200 PUBLIC SQUARE, SUITE 3300					3. Date of Earliest Transaction (Month/Day/Year) 08/06/2014									EVP	, CFO & 1F	easurer				
(Street) CLEVELAND, OH 44114-2315				4. If A	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 Acqui						Acquir	ired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		Date (Month/Day/Year) E		2A. Deemed Execution Date any (Month/Day/Y		3. Transaction Code (Instr. 8)		4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)			ed (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Form: Edited (D)	p of Be Ov	Beneficial Ownership			
								Cod	e	V	Amoun	ıt	(A) or (D)	Price				or Indirect (Ins (I) (Instr. 4)		str. 4)
Common	Shares		08/06/20	014				J <u>(1</u>	1		6,695.5	18	1) 1	\$ 17.15	0			I	VI (2)	NQDC
Common Shares		08/06/20	014				<u>J(1</u>)		6,695.5	18		\$ 17.15	54,894	,894.122		D			
Common Shares		08/06/20	6/2014				F(3)	1,560.518 D			\$ 17.15	53,333	53,333.604		D				
Reminder: 1	Report on a s	separate line		Table II -	Deriva	ıtive Sec	curit	ties Ac	quire	Pe co the	rsons whentained in the form disconsisted in the disconsisted in the following manner with the f	no renth	nis form ays a co or Bene	m are curren	not requ tly valid	ction of inf iired to res OMB cont	spond unle	ess	C 147	74 (9-02)
1 75'41 . C	2	2 75		A. Deemed		•	s, w	5.	ts, op		ns, conver				1 1	0 D : C	0.31 1	C 10		11. Natur
Security	2. Conversion or Exercise Price of Derivative Security	Date	Date Exe (Month/Day/Year) any		4. Transaction Code (Instr. 8)			Number		an (M	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amor Unde Secur	. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owne Form Deriv Secur Direct or Ind	of ative ty: (D) irect	p of Indirect Beneficia Ownersh (Instr. 4)	
						Code	V	(A)	(D)		ate sercisable	Exp Dat	oiration te	Title	Amount or Number of Shares					

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Paradie Terrance M 200 PUBLIC SQUARE SUITE 3300 CLEVELAND, OH 44114-2315			EVP, CFO & Treasurer					

Signatures

/s/ James D. Graham by Power of Attorney	11/13/2014	
**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).
- Reflects an immediate distribution of the deferred shares from indirect ownership to direct ownership pursuant to a trigger of the change in control provision of the Issuer's 2005 Voluntary Non-Qualified Deferred Compensation Plan ("VNQDC").
- (2) Held for the benefit of the Reporting Person by the VNQDC.
- (3) Reflects the surrender of shares in payment of the related tax liability incurred by the Reporting Person as a result of the immediate distribution of deferred shares triggered by the change in control provision of the VNQDC.

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.