## 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

(Print or Ty	pe Response	s)		1								ı				
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 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) 12/02/2014												
(Street)				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						
	CLEVELAND, OH 44114-2315 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date				2A. Deemed Execution Date, if any (Month/Day/Year)		if Coo (Ins	f Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficia	nt of Securities Illy Owned Following Transaction(s) and 4)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							ode	V Amount (A) or (D) Price			(I) (Instr. 4)		(msu. 4)			
Commor	Shares		12/02/2014				A		5,208 (1)	A	\$ 0	16,928			D	
			Table II - 1	Derivative			equire	conta the fo	ained in orm dis sposed	n this for splays a of, or Ben	rm are curre	e not requently valid	OMB con	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	n 3A. Deemed Execution Da	te, if 4. Tran	saction	5. Num of	ber vative rities ired or osed b) c. 3,	6. Da and E (Mon	tte Exer Expiration htth/Day/	cisable on Date	7. T Am Und Sec (Ins 4)	Amount or Number of Shares		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	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	12/04/2014
**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).
- (1) Reflects the number of restricted shares granted to the Reporting Person as Part II of the Annual Equity Grant on December 2, 2014 pursuant to 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.