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 Type Responses) 1. Name and Address of Reporting Person * Graham James D				2. Issuer Name and Ticker or Trading Symbol CLIFFS NATURAL RESOURCES INC.							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 200 PUBLIC SQUARE, SUITE 3300			ldle)	[CLF] 3. Date of Earliest Transaction (Month/Day/Year) 09/10/2015							A_Office		ief Legal Of		elow)	
CI EVEI	AND OH	(Street)		4	4. If Amendme	ent, E	Date Orig	inal Fil	ed(Month	n/Day/Year)		_X_ Form fil	ed by One Repo		(Check Applicat	le Line)
	LEVELAND, OH 44114 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						Acqui	nired. Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Day/Year)	2A. Deemed Execution Date	e, if	3. Transa	ction	ion 4. Securities Acqui		uired of (D)	5. Amoun Beneficial Reported	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form:	Beneficial	
					(Month/Day/Ye	ear)	Code	V	Amoun	(A) or (D)	Price	(Instr. 3 and 4) Di		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Shares		09/10/20	2015			A		87,254 (1)	4 A	\$ 0	117,988	.792		D	
		separate line fo	or each clas	ass of securit	ties beneficially	y owi	ned direc	tly or in	ons wh ained ir	o respoi n this for	m are	not requ		spond unle	ss	1474 (9-02)
		separate line fo		Гable II - D	erivative Secu	ıritie	es Acquir	tly or in Perso conta the fo	ons whained ir	no respon n this for splays a	m are curre: eficial	not requesting ntly valid	uired to res		ss	1474 (9-02)
Reminder:	Report on a s	3. Transaction Date (Month/Day/	T n 3A. Execution any	Table II - D. (e.		s A ((() C) (() () () () () () () (es Acquir rrants, op	Persoconta the fo	ons whained ir	no respondent this for splays a soft, or Bendible securitible securitible on Date	eficial rities) 7. Ti Amo Und	not requesting ntly valid	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nat of Indir Benefic Owners : (Instr. 4

P. 4: 0. N. 4		Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Graham James D 200 PUBLIC SQUARE SUITE 3300 CLEVELAND, OH 44114			EVP, Chief Legal Officer & Sec					

Signatures

/s/ Traci L. Forrester by Power of Attorney	09/14/2015
**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 share units granted to the Reporting Person on September 10, 2015 from the Cliffs Natural Resources Inc. 2015 Equity and Incentive Compensation Plan. This grant vests on December 15, 2017.

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.