# 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

	pe Response														$\neg$
1. Name and Address of Reporting Person* Taylor Douglas C				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					
(Last) (First) (Middle) 200 PUBLIC SQUARE, SUITE 3300				3. Date of Earliest Transaction (Month/Day/Year) 10/01/2015											
(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						
		I 44114-231									eu oy more unun	one reporting	, 1 613011		
(City	)	(State)	(Zip)	Ta	able I - Nor	-Der	ivative Se	curities	s Acqu	ired, Disp	osed of, or I	Beneficially	Owned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, it any (Month/Day/Year	(Instr. 8)	4. Securities Acqu (A) or Disposed c (D) (Instr. 3, 4 and 5)		of	Beneficially Owned F Reported Transaction (Instr. 3 and 4)		ollowing	Form: Direct (I	of Indirection Beneficial Ownersh	Beneficial Ownership		
					Code	v	Amount	(A) or (D)	Price				or Indire (I) (Instr. 4)		)
Common	Shares		10/01/2015		A		7,945 (1)	A	\$ 2.36	7,940,979		D			
Common Shares									14,400		I	Dougla C. Taylor 2005 Family Trust	r		
Reminder:	Report on a s	separate line fo		Derivative Securit	ies Acquire	Pers cont the f	ons who ained in orm disp	respo this fo plays a	rm are curre neficial	e not requ ntly valid	ction of inf uired to res OMB cont	spond unle	ess	EC 1474 (9-0	02)
1. Title of	2	3. Transaction		e.g., puts, calls, wa	arrants, op 5.					itle and	8. Price of	9 Number	of 10.	11 N	Nature
Derivative Security	Conversion or Exercise Price of Derivative Security		Execution Dat Year) any	te, if Transaction Code (Instr. 8)	ransaction Number of		and Expiration Date (Month/Day/Year)  S		Ame Und Seco	ount of erlying arities tr. 3 and Derivative Security (Instr. 5)			Own- Form Deriv Secur Direct or In-	ership of Inc of Bener vative Owne rity: (Instr ot (D)	ndirec eficial nershi
				Code V	(A) (D)	Date Exer	cisable D	xpiratio Pate	n Title	Amount or Number of Shares					

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Taylor Douglas C 200 PUBLIC SQUARE SUITE 3300 CLEVELAND, OH 44114-2315	X					

#### **Signatures**

/s/ James D. Graham by Power of Attorney	10/05/2015		
**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).
- On July 13, 2015 the Board of Directors of Cliffs Natural Resources Inc. (the "Company") approved the Nonemployee Director Retainer Share Election Program (the "Retainer Election Program") pursuant to which the nonemployee directors may elect to receive all or any portion of their annual retainer and any other fees earned in cash in common shares of the Company beginning with the fourth quarter 2015 payment. The number of shares reported reflect the reporting person's election to participate in the Retainer Election Program at 50%.
- These shares are held in a trust for the benefit of the reporting person's children. The reporting person's spouse is a trustee of the trust. The reporting person disclaims
- (2) beneficial ownership of these securities, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

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.