FORM	4
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Check this box if no	
longer subject to	
Section 16. Form 4 or	r
Form 5 obligations	
may continue. See	
Instruction 1(b).	

(Print or Type Pesponses)

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

SEC 1474 (9-02)

#### 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 Respons	es)										
1. Name and Address of Fisher Robert P Jr	2. Issuer Name <b>and</b> Ticker or Trading Symbol CLIFFS NATURAL RESOURCES INC. [CLF]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Orierctor10% Owner Officer (give title below)Other (specify below)				
(Last) (First) (Middle) 200 PUBLIC SQUARE, SUITE 3300			3. Date of Earliest 7 04/03/2017	Transaction	n (Mo	onth/Day/	Year)				
(Street) CLEVELAND, OH 44114-2315			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 Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)			Execution Date, if	Code (Instr. 8)	etion	(A) or Disposed of (D)		of (D) )	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership
				Code	v	Amount	(A) 01 (D)	Price		(I) (Instr. 4)	
Common Shares		04/03/2017		А		856 <mark>(1)</mark>	A	\$ 8.21	60,355	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n 1	Numł	Number and Expiration Date A		Amount of I		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	•	of	of (Month/Day/Year) U		Unde	rlying	Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	]	Deriv	ative			Securities (Instr. 5)		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				- 1	Secur	ities			(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) or							T T	or Indirect	
						Dispo							Transaction(s)	< / .	
						of (D						(Instr. 4)	(Instr. 4)		
						(Instr	· ·								
					4	4, and	15)								
											Amount				
								Date	Emination		or				
								Exercisable	Expiration Date	Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Fisher Robert P Jr 200 PUBLIC SQUARE SUITE 3300 CLEVELAND, OH 44114-2315	Х							

# Signatures

/s/ James D. Graham by Power of Attorney	04/04/2017
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 the number of common shares issued to the Reporting Person in payment of the Reporting Person's quarterly retainer in lieu of cash for the second quarter pursuant (1) to the Reporting Person's election to participate in the Cliffs Natural Resources Inc. Nonemployee Director Retainer Share Election Program. The Reporting Person elected to participate in the Retainer Election Program at 25%.

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.