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

| 1. Name and Address of Reporting Person * Stoliar Gabriel | | | | 2. Issuer Name and Ticker or Trading Symbol CLEVELAND-CLIFFS INC. [CLF] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|---|---|--|--|---|------------|-------------|-----------------------------|--|--------------------|---|-----------------------------|--|---|---|---|-------------|
| 200 PUBLIC SQUARE, SUITE 3300 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2018 | | | | | | Office | er (give title belo | ow) | Other (specify b | pelow) | | |
| (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 PersonForm filed by More than One Reporting Person | | | | | | |
| (City |) | (State) | (Zip) | | Т | able I | - Non | -Deri | ivative S | Securities | s Acqu | ired, Disp | osed of, or l | Beneficially | Owned | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Yea | | (Instr. 8) | | (A) or Disposed of | | of | 5. Amount of Securities Beneficially Owned Follow Reported Transaction(s) (Instr. 3 and 4) | | ollowing | 6. Ownership Form: Direct (D) | Beneficial Ownership | | |
| | | | | | | (| Code | V | Amour | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common | ommon Shares | | 01/02/2018 | | | | A | | 4,161 (1) | A | \$ 7.21 | 134,156 | | | D | |
| Common Shares | | 01/02/2018 | | | | F | | 1,248 (2) | D | \$ 0 | 132,908 | | | D | | |
| | | | Table II - I | D erivative | Securi | ties Ac | t cquire | Personta conta the fo | ons whained in | no respo n this fo splays a | rm are curre neficial | e not requently valid | OMB con | formation spond unle trol numbe | ss | 1474 (9-02) |
| 1. Title of | 2. | 3. Transaction | ` | 2.g., puts, 4. | calls, w | arran 5. | | | conver ate Exer | | | itle and | 8 Price of | 9. Number | of 10. | 11. Natu |
| | Conversion or Exercise Price of Derivative Security | Date (Month/Day/Y | Execution Dat | re, if Tran | e | Num of | vative rities ired r osed) | and Expiration Date (Month/Day/Year) e (I | | Am Und Sec | | | Derivative Ow Securities For Beneficially De Owned Sec Following Din Reported or Transaction(s) (I) | Owners Form of Derivati Security Direct (or Indire | of Indire Benefic Owners (Instr. 4 | |
| | | | | Co | de V | (A) | | Date Exer | | Expiratio Date | n Title | Amount or Number of Shares | | | | |

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 | 01/04/2018 |
|--|------------|
| Signature of Reporting Person | Date |

Explanation of Responses:

participate in the Retainer Election Program at 100%.

- * 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 first quarter pursuant to (1) the Reporting Person's election to participate in the Cleveland-Cliffs Inc. Nonemployee Director Retainer Share Election Program. The Reporting Person elected to
- (2) Surrender of shares in payment of tax liability in connection with the Reporting Person's participation in the Retainer Election Program.

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.