# FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Response	s)													
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) 07/02/2018							Office	er (give title belo	ow)	Other (specif	below)
(Street) CLEVELAND, OH 44114-2315				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, it any (Month/Day/Year		(Instr. 8)		4. Securities Acquir (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Form: Direct (D)	1	
						Code	V	Amour	or (D)	Price				or Indirection (I) (Instr. 4)	t (Instr. 4)
Common Shares		07/02/2018			A		3,559 (1)		\$ 8.43	153,220		D			
Common Shares		07/02/2018			F		1,068 (2)	11)	\$ 8.43	152,152		D			
Reminder:	Report on a s	separate line fo		Derivative Secur	ities A	Acquire	Perseconta conta the fe	ons whained in	no respon n this for splays a of, or Ben	rm are curre reficial	not requesting ntly valid	ction of inf uired to res OMB con	spond unle	ess	C 1474 (9-02)
1 77:1 6	I.	0 T .:	,	e.g., puts, calls,							1	0 D : C	0.37. 1	6 10	11.37.
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	Execution Day Year) any	te, if Transaction Code (Instr. 8)	of Der Sec Acc (A) Dis of (	rivative curities quired or posed	and Expiration Date (Month/Day/Year)  e (I)		Amo Und Secu	itle and ount of erlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owne Form Deriva Securi Direct or Ind	of Benefic Owners ty: (Instr. 4	
				Code V	(A)		Date Exer		Expiration 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	07/05/2018		
**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 third 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 participate in the Retainer Election Program at 100%.
- (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.