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

CLEVELAND-CLIFFS INC. [CLF] X_Director Officer (give tild below) Odd/01/2019 O	(Print or Ty	pe Response	s)																	
200 PUBLIC SQUARE, SUITE 3300 A					, ·								5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
CLEVELAND, OH 44114-2315 Clay Clay Clay Clay						• /							-	Office	(give title belo	ow)	Other (spec	ify belov	w)	
Common Shares O4/01/2019 Common Shares O4/01/2019 Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Following (Instr. 3, 4 and 5) O4/01/2019 Common Shares O4/01/2019 F O4/01/2019 F O4/01/2019 F O4/01/2019					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							
Common Shares Date Month/Day/Year) Execution Date, if (Month/Day/Year) Month/Day/Year) Code V Amount (Day Variety Month/Day Variety Variety Variety Variety Variety Variety Variety Variety Variety Variet	-					Table I - Non-Derivative Securities Acqui							quir	ired, Disposed of, or Beneficially Owned						
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Common Shares 04/01/2019 F 867 (2) D \$ 10.38 159,432					(Mont	in/Day/Y	ear)		ode	V	Amoun	or	Pric		(Instr. 3 a	nstr. 3 and 4)		or Indire (I) (Instr. 4	Indirect (Instr	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of informatic contained in this form are not required to respond the form displays a currently valid OMB control number of the form displays a currently vali	Common	Shares		04/01/2019				1	A		-	A		38	159,432			D		
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4, and 5) Date Expiration Date Code V (A) (D) Code V (A) (D) Amount or Number of Shares	Derivative Security	Conversion or Exercise Price of Derivative	Date	on 3A. Deemed Execution Day	ate, if	4. Transacti Code (Instr. 8)	ion 1	5. Numborf Deriv Secur Acqu (A) or Disport of (D) (Instr 4, and	per rative rities ired rosed) . 3, 15)	ions, convertible securiti 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration 7. Convertible securiti 7. Convertible securities 8. Convertible securities 9. Convertible securities 9		. Tit	Amount or Number of	Derivative Security		Own Form Deri Secu Dire or In	vative rity: ct (D) direct	11. Natur of Indired Beneficia Ownersh (Instr. 4)		

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	04/02/2019
**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 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.