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 Type Response	28)													
Name and Address of Reporting Person * Taylor Douglas C			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 SQU	(First) ARE, SUITI	(Middle) E 3300	3. Date of Earliest 04/01/2019	Transactio	n (M	onth/Day	/Year)		Office	er (give title belo	ow)	Other (specify	below)	
(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					
CLEVELAND, OF														
(City)	(State)	(Zip)	Ta	ble I - Noi	ı-Der	ivative S	Securitie	s Acqui	ired, Disp	osed of, or I	Beneficially	Owned		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if any	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Reported Transaction(s)			Form:	7. Nature of Indirect Beneficial	
			(Month/Day/Year)	Code	V	Amount	(A) or Amount (D) Price		(Instr. 3 and 4)			Direct (D) or Indirec (I) (Instr. 4)		
Common Shares		04/01/2019		A	•	1,102 (1)	٨	\$ 10.38	113,610)		D		
Common Shares									28,150			I	Douglas C. Taylor 2005 Family Trust (2)	
Reminder: Report on a	separate line fo				Pers cont the t	sons wh tained ir form dis	o respo this fo plays a	orm are	not requesting ntly valid	ction of inf uired to res OMB cont	spond unle	ess	C 1474 (9-02)	
			Derivative Securiti e.g., puts, calls, wa	-		-	-		ly Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transactio Date (Month/Day/		3A. Deemed Execution Da any	4. Transaction Code (Instr. 8)	5.	6. D and (Mo	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Ta			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	Beneficia Ownersh (y: (Instr. 4)	
			Code V	(A) (D)	Date		Expiratio Date	on 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		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 25%.
 - 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.