FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 Responses) 1. Name and Address of Reporting Person * BRINZO JOHN S | | | | | 2. Issuer Name and Ticker or Trading Symbol CLEVELAND CLIFFS INC [CLF] | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|------------------|--|------------------|--|--------|--------------------------------------|---|---|-----------------------------|--|--|---|--|---|---|-------------|-------------|
| (Last) (First) (Middle) 1100 SUPERIOR AVENUE, 15TH FLOOR | | | | 3. Da | 3. Date of Earliest Transaction (Month/Day/Year) 09/26/2005 | | | | | | | | X Director 10% Ówner X Officer (give title below) Other (specify below) Chairman & CEO | | | | | |
| (Street) CLEVELAND, OH 44114 | | | | 4. If | 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) | | | Tal | ble I - | Non | -De | rivative S | Securiti | ies A | canir | ed. Disno | osed of, or I | Reneficially | Owned | |
| (Instr. 3) Date | | | 2. Transaction Date (Month/Day/Year) | Execu any | 2A. Deemed Execution Date, if | | 3. Transaction Code (Instr. 8) | | ion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ed D) | 5. Amount of Securities | | ies Following | 6. | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | (World Buy Tour) | |) | Cod | e | V | Amount | (A) or (D) | Pri | ice | (| | or Indirect (I) (Instr. 4) | (Instr. 4) | |
| Common | Stock | | 09/26/2005 | | | | S <u>(1</u> |) | | 1,000 | D | \$ 85.2 | 258 | 108,729 |) | | D | |
| Common Stock | | | | | | | | | | | | | 71,802 | | | I | By VNQDC | |
| Reminder: | Report on a s | separate line f | or each class of secu | Deriv | ative Secu | ıritie | es Acq | luire | Pers con the | sons what ained in form dis | no responthis for this for this for the second seco | form a cu senefi | are irren icially | not requ tly valid | ction of inf lired to res OMB conf | spond unle | ess | 1474 (9-02) |
| 1. Title of | 2 | 3. Transactio | on 3A. Deemed | ` ' ' | outs, calls, | wai | | s, opt | | | | | | le and | 8. Price of | 9. Number | of 10. | 11. Nati |
| Derivative Security | Conversion or Exercise Price of Derivative Security | Date (Month/Day. | Execution D | ate, if | Transactio Code | on N | | ber and Expiration Date (Month/Day/Year) Addivertities irred or ossed or oss | | Amou Unde Secur | ant of rlying rities . 3 and | | | Owners Form of Derivat Securit Direct or India | chip of Indir f Benefic Owners y: (Instr. 4 | | | |
| | | | | | Code | V | (A) | (D) | Dat Exe | - | Expirat Date | tion , | Title | Amount or Number of Shares | | | | |

Reporting Owners

| D 41 0 N 4 | Relationships | | | | | | | |
|--|---------------|--------------|----------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| BRINZO JOHN S 1100 SUPERIOR AVENUE 15TH FLOOR CLEVELAND, OH 44114 | X | | Chairman & CEO | | | | | |

Signatures

| John S. Brinzo | 09/27/2005 |
|---------------------------------|------------|
| **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).
- (1) Common shares sold pursuant to a 10b(5)-1 trading plan entered into August 25, 2005.
- (2) Held for the benefit of the Reporting Person by the Cleveland-Cliffs Inc Voluntary Non-Qualified Deferred Compensation Plan (VNQDC).

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.