FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 *- GUNNING DAVID H | | | | 2. Issuer Name and Ticker or Trading Symbol CLEVELAND CLIFFS INC [CLF] | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| (Last) (First) (Middle) 1100 SUPERIOR AVENUE, 15TH FLOOR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2006 | | | | | | | | X Officer (give title below) Other (specify below) Vice Chairman | | | | | | |
| (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 | | | | | | |
| | AND, OF | | (7:) | | | | | | | | | | | | | | | |
| (City) |) | (State) | (Zip) | | | Ta | ble I | - Non | -Deri | vative : | Securitie | es Ac | cquii | red, Dispo | osed of, or I | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execu any | Deemed cution Date, if | Code (Instr. 8) | | (A) or Disposed of (Instr. 3, 4 and 5) | | d of (| f (D) Beneficia Reported | | unt of Securities ially Owned Following d Transaction(s) | | Ownership | Beneficial | | | |
| | | | | (Mon | th/Day/Y | (ear) | | ode | V | Amour | (A) or | | rice | (Instr. 3 a | nd 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common | Stock | | 03/14/2006 | | | | | A | | | 5 A (1) | ¢ | | 48,802 | | | D | |
| | | | Table II - 1 | | | | | t quire | he fo | orm dis | splays a of, or Be | a cu | rren | itly valid | | spond unle trol numbe | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Da any | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | and Expiration Date (Month/Day/Year) | | 77 A U S (4 | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) Amount or Title Number | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owner Form of Deriva Securit Direct or Indi | Ownersh y: (Instr. 4) rect | | |
| | | | | | Code | V | (A) | (D) | LXCIC | isauic | Date | | | of Shares | | | | |

Reporting Owners

| D (1 0 N / | Relationships | | | | | | |
|--|---------------|--------------|---------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| GUNNING DAVID H 1100 SUPERIOR AVENUE 15TH FLOOR CLEVELAND, OH 44114 | X | | Vice Chairman | | | | |

Signatures

| George W. Hawk, Jr. by Power of Attorney | 03/16/2006 |
|--|------------|
| **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) Represents a grant of Restricted Stock to the Reporting Person under the Cleveland-Cliffs Inc 1992 Incentive Equity Plan (as Amended and Restated May 13, 1997).

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.