## FORM 4

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

OMB APPRO\	/AL
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).

(Print or Type Responses)

#### 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

1. Name and Address of Reporting Person * BRINZO JOHN S				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				
1100 SUP	3. Date of Earliest Transaction (Month/Day/Year) 05/08/2006								X Officer (give title below) Other (specify below)  Chairman & CEO							
(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, OH 44114																
(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		ection	4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		of (D) B	f (D) Beneficially Reported Tra		lowing	Form:	7. Nature of Indirect Beneficial		
				(Month/Da	ıy/ Y ear		ode	V	Amour	(A) or (D)	Price	or Indi		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		05/08/2006			S	(1)		1,000	D	\$ 94.252 9	94,858			D	
Common	Stock										7	71,869			I	By VNQDC
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.  Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Ye	3A. Deemed Execution Date,	4. Transac Code	S) S A (4	. Numb	oer ive es d	and Expiration Date (Month/Day/Year) of Un		7. Title and of Underly Securities (Instr. 3 an	ing d 4)		f 9. Number of e Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Security Direct ( or India	Beneficial Ownership (Instr. 4)  D) ect	
				Code	v	(A)		Date Exerci		expiration Date	Title	Amount or Number of Shares				
Retention Units 2006- 2008	(3)	05/08/2006		A	2	,325		<u>(</u> 4	<u>4)</u>	<u>(4)</u>	Commor Shares	2,325	\$ 0	2,325	D	

### **Reporting Owners**

B (1 0 N )	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	05/10/2006
**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) 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).
- (3) Convertible into Common Shares on a 1-for-1 basis.
  - Represents a grant of Retention Units to the Reporting Person under the Cleveland-Cliffs Inc Long-Term Incentive Program covering the period January 1, 2006 through December
- (4) 31, 2008 (Incentive Period). Payment of the Retention Units will be made in cash after the completion of the Incentive Period based upon the employment by the Company of the Reporting Person and the market value of a Common Share of the Company on the last day of the Incentive Period.

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.