FORM 4

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

OMB APPROVAL
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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* 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				
(Last) (First) (Middle) 1100 SUPERIOR AVENUE, 15TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 09/05/2006						Offi	eer (give title belo	ow)	Other (specify	below)	
(Street) CLEVELAND, OH 44114				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Form	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)		(Zip)		Т	able I - N	on-D	erivative	Securi	ties Acq	uired, Dis	oosed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)		Date (Month/Day/Year) a		Execut		(Instr. 8)		on 4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)			Benefi Report	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			7. Nature of Indirect Beneficial	
				(Month/Day/Year)		Code	V	V Amount (A) or (D)		Price	Ì	(Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		09/05/	/2006			F(1)		42,687	D	\$ 37.12.	184,8	184,846 (2)		D		
Common Stock		09/05/	/2006			S ⁽³⁾		5,000	D	\$ 38.31	179,8	179,846		D		
Common Stock											44,13	44,136 (4)		I	By VNQDC (5)	
Reminder:	Report on a s	separate line	for each	class of sec	urities l	oeneficially (owned dire	Pe	rsons wh	no res n this	form a	re not red	ection of inf uired to res	spond unle	ess	C 1474 (9-02)
				Table II		ative Securi outs, calls, w							i			
Derivative Conversion		3. Transaction Date (Month/Day/Year)		n 3A. Deemed Execution Date		4. 5. Number of		6. an (M	6. Date Exercisable and Expiration Date (Month/Day/Year)		e 7. e Ai Ui Se	Title and mount of nderlying curities nstr. 3 and	nnt of rlying ities (Instr. 5)		of lo. Owner Form of Deriva Securit Direct or Indi (I) (Instr.	Beneficia Ownershi y: (Instr. 4)
						Code V	(A) (D	Ex	ate xercisable	Expira Date	ation Ti	Amour 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					

Signatures

George W. Hawk, Jr. by Power of Attorney	09/07/2006		
**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) Surrender of shares in payment of tax liability incurred on September 5, 2006, the date of the Cleveland-Cliffs Inc Voluntary Non-Qualified Deferred Compensation Plan("VNQDC") distribution to the reporting person.
- (2) Balance reflects 99,817 shares distributed to the reporting person from the VNQDC on September 5, 2006.
- (3) Common shares sold pursuant to a 10b(5)-1 trading plan entered into August 25, 2005 and amended June 9, 2006.
- Balance shown reflects 107 shares acquired September 1, 2006 pursuant to the dividend reinvestment feature of the VNQDC to shareholders of record as of August 15, 2006. The balance also reflects a distribution upon retirement of the reporting person of 99,817 shares from the VNQDC to direct ownership on September 5, 2006.
- (5) Held for the benefit of the Reporting Person by the 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.