

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

| OMB APP | ROVAL |
|-------------------|-----------|
| OMB Number: | 3235-0104 |
| Estimated averag | je burden |
| nours per respons | se 0.5 |

INITIAL STATEMENT OF 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

| (Fillt of Type Responses) | | | | 1 | | | | |
|--|--|--|--|--|--|---|---|--|
| Name and Address of Reporting Person* BRLAS LAURIE | 2. Date of Event Requiring Statement (Month/Day/Yea | | | 3. Issuer Name and Ticker or Trading Symbol CLEVELAND CLIFFS INC [CLF] | | | | |
| (Last) (First) (Middle) CLEVELAND-CLIFFS INC, 1100 SUPERIOR AVENUE | 12/11/2 | - 12/11/2006 - | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| (Street) CLEVELAND, OH 44114 | | | | X_Officer (give title Other (specify below) Senior VP CFO and Treasurer | | 6. Individual Applicable 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) | | Table I - Non-Derivative Securities Beneficially Owned | | | | | | |
| 1.Title of Security (Instr. 4) | · | Ве | Amount of Sec eneficially Own astr. 4) | ned | | 4. Nature of Indir (Instr. 5) | ect Beneficial Ownership | |
| Reminder: Report on a separate line for each class Persons who respounless the form dis Table II - Derivativ | nd to the o | collection or rrently val | of information id OMB cont | on contained in t rol number. | | · | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year) | | cisable on Date | 3. Title and A | amount of Securitie Perivative Security | 4. Conversion or Exercise Price of | 5. Ownership Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Derivative Security | Security: Direct (D) or Indirect (I) (Instr. 5) | t | |
| Retention Units 2006-2008 (1) | (2) | <u>(2)</u> | Common Shares | 1,200 | \$ <u>(3)</u> | D | | |
| Reporting Owners | | | | | | | | |

| Panarting Owner Name / | Relationships | | | | |
|---|---------------|--------------|-----------------------------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| BRLAS LAURIE CLEVELAND-CLIFFS INC 1100 SUPERIOR AVENUE CLEVELAND, OH 44114 | | | Senior VP CFO and Treasurer | | |

Signatures

| Laurie Brlas | 12/12/2006 | |
|---------------------------------|------------|--|
| **Signature of Reporting Person | Date | |

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 5(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) Retention Units were granted on the date the Reporting Person joined the Company.
 - Retention Units granted to Reporting Person under the Cleveland-Cliffs Inc Long-Term Incentive Program covering the period of January 1, 2006 to December 31, 2008
- (2) (Retention Period). Retention units will be paid out to the Reporting Person in cash based on the market value price of the Common Shares of the Issuer on the last day of the Retention Period.
- (3) Convertible into Common Shares on a 1-for-1 basis.

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 of the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number of the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number of the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number of the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number of the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number of the collection of the coll | ber. |
|--|------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |