FORM 4
--------

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

ъ

(**D** ·

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### 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)								r			
1. Name and Address of Reporting Person GUNNING DAVID H	2. Issuer Name and CLEVELAND (			0 5	01	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) 1100 SUPERIOR AVENUE, 15TH	TTLOOD	3. Date of Earliest Transaction (Month/Day/Year) 03/13/2007						X_Officer (give title below) Other (specify below) Vice Chairman			
(Street) CLEVELAND, OH 44114	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				
(City) (State)	(Zip)	Т	able I - Nor	n-De	rivative S	ecurities	ired, Disposed of, or Beneficially Ov	vned			
1. Title of Security 2. Transaction Date (Month/Day/Ye		2A. Deemed 3. Transa Execution Date, if any (Instr. 8) (Month/Day/Year)		ion	(A) or Di	*		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form:	7. Nature of Indirect Beneficial Ownership	
			Code	V	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	•	

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.

SEC 1474 (9-02)

tion Committies A service of Discovered of an Description Description

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
				4. T										10.	11. Nature
	Conversion		Execution Date, if					· ·		of Underlyin	0	Derivative		Ownership	
-		(Month/Day/Year)		Code		Derivat		(Month/Day	· · ·	Securities		2			Beneficial
(	Price of		(Month/Day/Year)	(Instr. 8)	)	Securiti				(Instr. 3 and	4)	· /			Ownership
	Derivative					Acquire	ed							Security:	(Instr. 4)
	Security					(A) or							0	Direct (D)	
						Dispose	ed							or Indirect	
						of (D)							Transaction(s)		
						(Instr. 3	, 4,						(Instr. 4)	(Instr. 4)	
						and 5)					0				
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
									Date		of				
				Code	V	(A)	(D)				Shares				
Retention															
Units										Common					
	<u>(1)</u>	03/13/2007		Α		2,595		<u>(2)</u>	(2)	Common	2,595	\$ 0 <sup>(2)</sup>	2,595	D	
2007-						,				Shares	,	ΨΟ	,		
2009															

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
GUNNING DAVID H 1100 SUPERIOR AVENUE 15TH FLOOR CLEVELAND, OH 44114	Х		Vice Chairman					

### Signatures

George W. Hawk, Jr. by Power of Attorney 03/15/2007 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) 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, 2007 through December
 (2) 31, 2009 (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.