FORM 4

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

OMB APPROVAL
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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* CUNNINGHAM SUSAN M				CL	2. Issuer Name and Ticker or Trading Symbol CLIFFS NATURAL RESOURCES INC. [CLF]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director Officer (give title below) Check all applicable						
(Last) (First) (Middle) 200 PUBLIC SQUARE, STE. 3300					3. Date of Earliest Transaction (Month/Day/Year) 10/01/2009													
(Street) CLEVELAND, OH 44114				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City)	(State)		(Zip)			T	able I	- Nor	ı-De	erivative	Securities	Acq	uired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Datany (Month/Day/Y		, if	Code (Instr. 8)		tion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of Form:	7. Nature of Indirect Beneficial Ownership	
								Cod	le	V	Amoun	(A) or (D)	Pric	e			or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		10/01	/2009				A ⁽¹	7		147.347	77 A	\$ 30.5	9,318.	6798 ⁽²⁾		D	
Reminder:	Report on a s	separate line	e for each	Table II -	· Deriv	rative Sec	curit	ties Ac	equire	Per cor the	rsons whatained in form dis	no responding this for splays a	rm ar curre	e not requently valid	ction of inf uired to res I OMB conf	spond unle	ss	1474 (9-02)
1. Title of	2	3. Transact	tion	3A. Deemed	` ' '	puts, call	s, w	arrant 5.	s, op		is, conver Date Exer	tible secu) Fitle and	8 Price of	9. Number	of 10.	11. Nati
Derivative Security	Conversion or Exercise Price of Derivative Security	Date	Execution any	Execution D	Date, if	Transac Code)			and Expiration Date (Month/Day/Year)		An Un Sec	nount of derlying urities str. 3 and	Derivative Security (Instr. 5)		Owners Form of Derivat Securit Direct of	chip of Indir f Benefic ive Owners y: (Instr. 4	
						Code	V	(A)	(D)	Da Ex	te ercisable	Expiration Date	n Tit	Amount or Number of Shares				

Reporting Owners

P (0 N /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CUNNINGHAM SUSAN M 200 PUBLIC SQUARE STE. 3300 CLEVELAND, OH 44114	X						

Signatures

Traci L. Forrester by Power of Attorney	10/05/2009		
**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) Reflects number of Common Shares credited to the account of the Reporting Person in payment of the Reporting Person's Required Quarterly Retainer for the fourth quarter of 2009 under the Cliffs Natural Resources Inc. Nonemployee Directors Compensation Plan. Full shares earned in 2009 will be issued effective January 4, 2010.
- On July 14, 2009, Cliffs Natural Resources Inc. (the "Company") declared a dividend of \$.04 per share, payable to all holders of record as of August 14, 2009 of common (2) stock payable on September 1, 2009. The amount shown reflects 6.4679 shares acquired pursuant to a Dividend Reinvestment and Stock Purchase Plan for the Company's Common Stock.

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.