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 | | | | |
|--|---|--|---|--|--|------------------------|----------|---|-------------------------------------|--|--|--|--------------------------------------|--------------------------------------|--|--|
| 1. Name and Address of Reporting Person* SCHWARTZ ALAN G | | | | CLIF | 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) Other (specify below) | | | | | |
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2011 | | | | | | | | | | | |
| (Street) | | | | 4. If A | 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 | | | | | |
| NEW HAVEN, CT 06520 | | | | | | | | | | | | | | | | |
| (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) | | if (| Code (Instr. 8) | | n 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Beneficially Owned F Reported Transaction | | Following (s) F | Ownership of B | Beneficial | | |
| | | | | (Month | /Day/Ye | ear) | Code | e V | Amoun | (A) or (D) | Price | (Instr. 3 and 4) | | | \ / | Ownership (Instr. 4) |
| Common | Stock | | 07/01/2011 | | | | A(1 |) | 64.034 | 12 A | \$ 93.7 | 19,304. | 4997 ⁽²⁾ | | D | |
| | | | | | | | | co the uired, | ntained i e form dis Disposed | n this fo splays a of, or Be | orm ar curre | e not requently valid | OMB con | ormation spond unle trol numbe | ss | 474 (9-02) |
| 1. Title of | 2 | 3. Transacti | | (<i>e.g.</i> , pu | | , war | | | ns, conver Date Exer | | |) Γitle and | 8 Price of | 9. Number o | of 10. | 11. Natur |
| Derivative Security | Conversion or Exercise Price of Derivative Security | | Year) Execution Da | te, if Transaction Code Year) (Instr. 8) | | on N o E S A (A E o (I | Number a | | nd Expiration Date Month/Day/Year) | | An Un Sec | nount of derlying curities str. 3 and | Derivative Security (Instr. 5) | | Ownership Form of Derivative Security: Direct (D) or Indirect | of Indirect Beneficia Ownershi (Instr. 4) |
| | | | | | Code | V (| (A) (| | ate xercisable | Expiration Date | on Tit | Amount or Number of Shares | | | | |

Reporting Owners

| D 4: 0 N 4 | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| SCHWARTZ ALAN G YALE LAW SCHOOL 127 WALL STREET NEW HAVEN, CT 06520 | X | | | | | |

Signatures

| /s/ P. Kelly Tompkins by Power of Attorney | 07/06/2011 |
|--|------------|
| **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 third quarter under the Cliffs Natural Resources Inc. Nonemployee Directors' Compensation Plan.
- (2) The Board of Directors of Cliffs Natural Resources Inc. declared dividends of \$0.14 per share, payable to all holders of record as of April 29, 2011. The amount shown reflects 27.4688 shares credited on June 1, 2011 to the Reporting Person pursuant to the Dividend Reinvestment and Stock Purchase Plan.

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.