## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 * Eldridge Barry J				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 10% Owner Officer (give title below) Other (specify below)						
	(Last) (First) (Middle) 200 PUBLIC SQUARE, STE. 3300					3. Date of Earliest Transaction (Month/Day/Year) 07/02/2012												
(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	<i>'</i> )	(State)		(Zip)			Т	able I	- Noi	n-De	erivative S	Securities	Acqı	uired, Disp	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Trans. Date (Month/		Execut any	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		4. Securities Acquired (a or Disposed of (D) (Instr. 3, 4 and 5)		red (A	5. Amount of Securities Beneficially Owned Follo Reported Transaction(s) (Instr. 3 and 4)		Following	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
								Cod	e	V	Amoun	(A) or (D)	Price	e			or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		06/01	/2012				A(1	)		121.728	35 A	\$ 49.2	9 17,737	.0504 (2)		D	
Reminder:	Report on a s	separate line	for each	Table II -	- Deriv	rative Sec	curit	ties Ac	quire	Per cor the	rsons whatained in form dis	no responding this for splays a	rm ar curre reficia	e not requently valid	OMB conf	formation spond unle trol numbe	ss	1474 (9-02)
1. Title of	12	3. Transact	tion	3A. Deemed	` ' '	puts, call	s, w	arrant	ts, op			tible secu		) Γitle and	& Price of	9. Number	of 10.	11. Natı
Derivative Security	Conversion or Exercise Price of Derivative Security			Execution Da (Year) any		te, if Transaction Code Year) (Instr. 8)				•			Am Und Sec	nount of derlying curities str. 3 and	8. Pice of Derivative Security (Instr. 5)		Owners Form o Derivat Securit Direct ( or Indir	hip of Indire Benefic Owners (Instr. 4
										Da Ex		Expiration Date	n Titl	Amount or Number of				

#### **Reporting Owners**

D ( O N (	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Eldridge Barry J 200 PUBLIC SQUARE STE. 3300 CLEVELAND, OH 44114	X						

### **Signatures**

/s/ Carolyn E. Cheverine By Power of Attorney	07/03/2012
***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).
- 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 (1) under the Cliffs Natural Resources Inc. Nonemployee Directors' Compensation Plan (the "Plan"). Full shares earned pursuant to the Plan in 2012 will be issued effective January 1, 2013.
- (2) The Board of Directors of Cliffs Natural Resources Inc. declared dividends of \$0.625 per share, payable to all holders of record as of April 27, 2012. The amount shown reflects 105.4211 shares credited on June 1, 2012 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.