FORM 4

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

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

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 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) 01/01/2013														
(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 Person _Form filed by More than One Reporting Person							
(City	(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1.Title of Security (Instr. 3)		Date (Month/Day/Year)		Execut	2A. Deemed Execution Date, if any Month/Day/Year)		Code (Instr. 8)		on 4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5)		Benefic		cially Owned Following ed Transaction(s)		6. Ownershi Form: Direct (D) or Indirec	of Ber	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							(Code	V	Amoun			Price				(Instr. 4)		
Common	Stock		01/01	/2013			4	A ⁽¹⁾		155.56	13 A	\$	§ 38.57	15,017	.0937 (2)		D		
Reminder:	Report on a s	separate line	for each		- Deriv	ative Secu	rities	s Acqı	Po co th	ersons whomation which is the contract of the	ho res in this splays	forrs a c	m are curren	not reqเ ntly valid	ction of inf uired to res OMB conf	spond unle	ss	C 147	74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transact Date (Month/Da		3A. Deemed Execution D any (Month/Day	l Pate, if	4. Transactic Code (Instr. 8)	5. Non No of Do See Add (ADD of (In 4,	umbei	6 au (!ive es ed	ons, conver Date Exer and Expirati Month/Day	rcisable ion Dat y/Year)	e	7. Tit Amo Unde Secur (Instr 4)	Amount or Number of Shares		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	of tive ty: (D) rect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)

Reporting Owners

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

Signatures

/s/ Carolyn E. Cheverine by Power of Attorney	01/03/2013
^{**} 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 a payment of the Reporting Person's required quarterly retainer for the first quarter (1) under the Cliffs Natural Resources Inc. Nonemployee Directors' Compensation Plan (the "Plan"). Full shares earned pursuant to the Plan in 2013 will be issued effective January 1, 2014.
- (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 November 23, 2012. The amount shown reflects 228.3470 shares credited on December 3, 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.