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* Vetor Duke D				2. Issuer Name and Ticker or Trading Symbol CLIFFS NATURAL RESOURCES INC. [CLF]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Officer (give title below) SVP, Global Operations Service				
(Last) (First) (Middle) 200 PUBLIC SQUARE, SUITE 3300				3. Date of Earliest Transaction (Month/Day/Year) 02/21/2013								SVP, GR	obai Operati	ons Service	
(Street) CLEVELAND, OH 44114-2315				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)				Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Exect any	•	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Form:	7. Nature of Indirect Beneficial
			(Month/Day/Year)		Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	ina 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Shares		02/21/2013			A(1)		10,258	A	\$ 26.84	39,906	39,906		D		
Common Shares		02/21/2013			F(2)		4,367	D	\$ 26.84	35,539		D			
Common Shares										8,061			I	VNQDC (3)	
Reminder:	Report on a s	separate line fo	or each class of security of the control of the con		eneficially ov		Person the	sons wh tained ir form dis	o responsible this following the second seco	orm are	not requesting ntly valid	ction of inf uired to res OMB con	spond unle	ss	1474 (9-02)
ı		1		(<i>e.g.</i> , p	outs, calls, wa								ı	ı	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Execution Da	ŕ	Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	and Expiration Date (Month/Day/Year) A U S (I 4		Amo Und Secu	lerlying urities (Instr. 5) (Instr. 5)		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Securit Direct of Or India	Beneficia Ownershi (Instr. 4) D) ect	
					Code V	(A) (D		-	Expirati Date	on Title	Amount or Number of Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Vetor Duke D 200 PUBLIC SQUARE SUITE 3300 CLEVELAND, OH 44114-2315			SVP, Global Operations Service					

Signatures

/s/ Carolyn Cheverine by Power of Attorney	02/25/2013	
**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).
- (1) Reflects a payout of performance shares for the 2010-2012 performance period earned under the Issuer's 2007 Incentive Equity Plan.
- (2) Reflects the surrender of 3,453 performance shares and 914 restricted share units from the 2010-2012 performance period in payment of the related tax liability incurred by the Reporting Person as a result of the award.
- (3) Held for the benefit of the Reporting Person by the Issuer's 2005 Voluntary Non-Qualified Deferred Compensation Plan ("VNQDC").

Remarks:

2010-2012 Performance Share Payout

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.