## 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 * 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)<br>200 PUBLIC SQUARE, SUITE 3300 |   |                                     |                       |             | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2013                     |                           |   |   |  |         |  |   |                                      |   |  |                                     |                         |
| (Street)   |   |                                     |                       | 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  |   | AND, OH 44114-2315 (State) (Zip)    |                       |             |   | Table I Non D 1 (1 C 1/2) |   |   |  |         |  | ired, Disposed of, or Beneficially Owned                |                                      |   |  |                                     |                         |
| ` '  | ,   | ` ′                                 |                       |             |   | 1:                        | 1   |   |  |         |  |   |                                      |   | •  |                                     |                         |
| 1.Title of Security<br>(Instr. 3)                        |   | 2. Transaction Date (Month/Day/Year | Exect<br>any          |             |   | if Code (Instr. 8)        |   | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  |         | 5. Amount of Securities<br>Beneficially Owned Follow<br>Reported Transaction(s)  |   | Following                            | Form:   | 7. Nature of Indirect Beneficial                           |                                     |                         |
|  |   |                                     |                       | (Mon        | th/Day/Y  | ear)                      |   |   |  |         | (A)<br>or  |   | (Instr. 3 a                          | or II<br>(I)  |  | or Indirect (I)                     | Ownership<br>(Instr. 4) |
|  |   |                                     |                       | -           |   |                           | Co  | de  | V  | Amount  | · ` /  | Price   |                                      |   |  | (Instr. 4)                          |                         |
| Common   | Shares  |                                     | 07/01/2013            |             |   |                           | A   | 1)  |  | 365.40  | 8 A  | \$<br>16.42   | 23,467.                              | 4134 (2)  |  | D                                   |                         |
| Reminder:  | Report on a s   | separate line                       | for each class of sec | curities    | beneficial  | lly o                     | wned  |   | Per<br>con   | sons wh | o respon   | rm are  | e not requ                           |   | formation<br>spond unle                                    | ss                                  | 1474 (9-02)             |
|  |   |                                     | Table II              |             |   |                           |   | quire   | ed, E  |         | of, or Ben   | eficial   | lly Owned                            |   |  |                                     |                         |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |                                     | Execution any         | on Date, if | f Transaction N Code Code (Instr. 8)  |                           | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |   | 6. Date Exercisable<br>and Expiration Date<br>(Month/Day/Year) |         | Am<br>Und<br>Sec   | itle and<br>ount of<br>lerlying<br>urities<br>tr. 3 and | Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ownershi Form of Derivative Security: Direct (D or Indirec | Beneficia<br>Ownershi<br>(Instr. 4) |                         |
|  |   |                                     |                       |             |   |                           |   |   | Dat  | ta      | Expiration   |   | Amount<br>or<br>Number               |   |  |                                     |                         |

#### **Reporting Owners**

|   | Relationships |              |         |       |  |  |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |  |
| Eldridge Barry J<br>200 PUBLIC SQUARE<br>SUITE 3300<br>CLEVELAND, OH 44114-2315 | X             |              |         |       |  |  |

### **Signatures**

| /s/ James D. Graham by Power of Attorney | 07/03/2013 |  |  |
|--|------------|--|--|
| -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 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 2013 will be issued effective January 1, 2014.
- The Board of Directors of Cliffs Natural Resources Inc. declared dividends of \$0.15 per share, payable to all holders of record as of May 17, 2013. The amount shown reflects 123.208 shares credited on June 3, 2013 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.