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

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

longer subject to Section 16. Form 4 or Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may 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 Responses	;)															
1. Name and Address of Reporting Person * Kirsch James F					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				
(Last) (First) (Middle) 119 SUN STREET					3. Date of Earliest Transaction (Month/Day/Year) 07/09/2013								Officer (give tit	le below)	Other (s	pecify below)	
(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				
	MMON, M	I 48653										_	_ I omi med by Moi	ie man One Rep	Jording Terson		
(Cit	y)	(State)	(Zip)				Ta	ble I - No	n-De	rivative S	ecurit	ies Acquire	ed, Disposed of,	or Benefic	ially Owned		
(Instr. 3)		2. Transaction Date (Month/Day/Y	ear) Exe	2A. Deem Execution any		Co (In	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D) O 5) Ti	wned Following ransaction(s)	curities Beneficially g Reported		wnership orm:	7. Nature of Indirect Beneficial	
				(M	onth/l	Day/Year		Code	V	Amount	(A) or (D)	ì	(Instr. 3 and 4)		× /		Ownership Instr. 4)
Common	Shares										(-)		949.393		D		
			Table					th cu Acquired,	is for	m are no tly valid (	ot req OMB	uired to re control nu eficially Ow				SEC 1	474 (9-02)
1. Title of	2	3. Transaction	3A. Deemed	(e.g.,				6. Date E		onvertible		7. Title and	Amount of	8 Price of	9. Number of	10.	11. Nature
Derivative Conversion Date Execution Date, if Transaction of Derivative Expirati		Expiration (Month/I	ration Date Underly				ying Securities Deri		Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownershi Form of Derivativ Security: Direct (D or Indirect (I)	of Indirect Beneficial Ownershi (Instr. 4)						
				Code	v	(A)	(D)	Date Exercisal	ole	Expiration Date	n	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Phantom Stock Units	<u>(1)</u>	07/09/2013		A		45,760 (2)		01/02/2	014	01/02/2	014	Common Shares	45,760	\$ 0	45,760	D	
Stock Units	<u>(3)</u>							<u>(4)</u>		<u>(4)</u>		Common Shares	8,196.8372		8,196.8372	D	

## **Reporting Owners**

D 4 0 V 4	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Kirsch James F 119 SUN STREET ROSCOMMON, MI 48653	X						

# **Signatures**

/s/ James D. Graham by Power of Attorney	07/11/2013
**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) Each unit of Phantom Stock is the economic equivalent of one share of Cliffs Natural Resources Inc. Common Shares (the "Common Shares").
- (2) Reflects the number of Phantom Stock Units granted to the Reporting Person as a Non-Executive Chairman Grant on July 9, 2013.
- (3) Convertible into Common Shares on a 1-for-1 basis.
- (4) Reflects number of Common Shares of underlying deferred compensation credited to the account of the Reporting Person in payment of the Reporting Person's required quarterly retainer under the Plan. Each Stock unit is generally distributable following termination of service as a Director.

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.