# 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 * Paradie Terrance M				2. Issuer Name : CLIFFS NAT [CLF]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below)  Other (specify below)									
(Last) (First) (Middle) 200 PUBLIC SQUARE, SUITE 3300				3. Date of Earliest Transaction (Month/Day/Year) 02/10/2014								EVP & CF	)			
CI EVE	AND OF	(Street)	-	4. If Amendment	, Date Origi	inal F	iled(Month/	Day/Yea	r)	_X_ Form fil	ual or Joint/C ed by One Repo	rting Person		ible Line)		
CLEVELAND, OH 44114-2315 (City) (State) (Zip)				т	able I - No	n-Dei	ivative S	ecuriti	nired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if	3. Transa Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	7. Nature of Indirect Beneficial				
			(Month/Day/Year	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)			
Common Shares		02/10/2014		A		9,330 (1)	A	\$ 23.67 (2)	23,948.604			D				
Common Shares		02/10/2014		F		390 (3)	D	\$ 20.58	23,558.604		D					
Common Shares									6,575.199			I	VNQDC (4)			
Reminder:	Report on a s	separate line fo	or each class of secur	Derivative Securi	ties Acquir	Personal contact the feet, D	sons who tained in form disp	resp this f plays	orm are a curre eneficial	not requesting ntly valid	ction of inf uired to res OMB conf	spond unle	ss	1474 (9-02)		
1 77:41 . 6	l <sub>a</sub>	3. Transactio		(e.g., puts, calls, w	arrants, op					·.1 1	8. Price of	0.31 1	6 10	11.37.4		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ion Date Execution Date (Month/Day/Year) Any (Month/Day/Year)		4. Transaction Code Year) (Instr. 8)	Transaction Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		Ame Und Secu	itle and ount of erlying urities tr. 3 and	Derivative Security (Instr. 5)		Owners Form o Derivat Securit Direct ( or India	Beneficia Ownershi y: (Instr. 4)  D) ect		
				Code V	(A) (D)	Date Exe		Expirat Date	Title	Amount or Number of Shares						

### **Reporting Owners**

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Paradie Terrance M 200 PUBLIC SQUARE SUITE 3300 CLEVELAND, OH 44114-2315			EVP & CFO						

#### **Signatures**

/s/ Carolyn Cheverine by Power of Attorney	02/12/2014	4	
**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 the number of restricted share units granted to the Reporting Person on February 10, 2014 for the Performance Period 2014-2016 from the Issuer's 2012 Incentive Equity Plan.
- (2) The price reported in column four reflects a 60-day trailing average price ending on date of grant.
- (3) Reflects the surrender of restricted share units from the 2011-2013 performance period in payment of the related tax liability incurred by the Reporting Person as a result of the award.
- (4) Held for the benefit of the Reporting Person by the VNQDC.

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.