## 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)														
Name and Address of Reporting Person*  Boor William C				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) Other (specify below)  EVP Corp Dev & Chief Strat Off					
(Last) (First) (Middle) 200 PUBLIC SQUARE, SUITE 3300				3. Date of Earliest Transaction (Month/Day/Year) 07/29/2014								EVP Corj	b Dev & Chi	er strat Off		
(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)		T	able I	- Non	-Der	ivative :	Securitie	s Acqı	ired, Disp	osed of, or I	<b>Beneficially</b>	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any		(Instr. 8)		ction 4. Securities Acquired			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. 7 Ownership of Form:	Beneficial			
			(Month/Day/Year)			ode	V	Amour	(A) or (D)	Price		or I		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Shares		07/29/2014			A	A		23,60 (1)	0 A	\$ 0	74,052.7724			D		
Common Shares											18,717.57 <sup>(2)</sup>			I	VNQDC (3)	
Reminder:	Report on a s	separate line fo		Derivative S	ecurit	ies Ac	quire	Pers cont the f	ons what in the constant of th	no respo n this fo splays a of, or Be	rm ar curre	e not requently valid	OMB conf	ormation spond unle trol numbe	ss	1474 (9-02)
	1	I		e.g., puts, ca	ılls, w		s, opt						1	l	1	-
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Y	Execution Day (Year) any	tte, if 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			Am Un Sec	Title and mount of nderlying curities sistr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Benefici Ownersh (Instr. 4)
				Code	· V	(A)		Date Exer	e rcisable	Expiration Date	on Titl	Amount or Number of Shares				

#### **Reporting Owners**

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Boor William C 200 PUBLIC SQUARE SUITE 3300 CLEVELAND, OH 44114-2315			EVP Corp Dev & Chief Strat Off						

### **Signatures**

/s/ James D. Graham by Power of Attorney	07/31/2014
**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) Relfects the number of restricted share units granted to the Reporting Person on July 29, 2014 under the the Cliffs Natural Resources Inc. Amended and Restated 2012 Incentive Equity Plan.
- Balance shown reflects 140.854 and 185.732 shares acquired on March 3, 2014 and June 3, 2014, respectively, pursuant to the dividend reinvestment feature of the Issuer's (2) 2005 Voluntary Non-Qualified Deferred Compensation Plan ("VNQDC"). Balance shown also reflects an adjustment of 16.492 shares due to fractional shares not recorded prior to 2013.
- (3) Held for the benefit of the Reporting Person by the Issuer's 2005 Voluntary Non-Qualified Deferred Compensation Plan ("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.