# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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)																
Name and Address of Reporting Person*  Paradie Terrance M				2. Issuer Name and Ticker or Trading Symbol CLIFFS NATURAL RESOURCES INC. [CLF]								5	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) 08/06/2014										EVP & CF	0			
(Street)				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						
CLEVEI (City		(State)	(Zip)			т	abla I	Non	Don	ivativa	Coonwitt	oc A c	-	and Disna	and of our	Ponoficially	Owned	
				2A. Deemed 3. Transaction 4. Securities Acquired								5. Amount of Securities 6.				7. Nature		
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	Execu	ution Da	on Date, if  Day/Year)	Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		d of (	(D) Beneficia		ally Owned Following I Transaction(s)		Ownership Form:			
							ode	V	Amour	(A) or (D)	Pri					or Indirect (I) (Instr. 4)		
Common	Common Shares		08/06/2014					A		21,45 (1)	0 A	\$ 17.	.15	76,788.604			D	
Common Shares		08/06/2014				]	D		7,140 (2)	D	\$ 17.	.15	69,648.0	18.604		D		
Common Shares		08/06/2014				]	D		21,45 (3)	0 D	\$ 17.	.15	48,198.0	98.604		D		
Common Shares													6,695.5	18		I	VNQDC	
Reminder:	Report on a s	separate line fo	or each class of secur	rities be	eneficia	lly o	wned	direct	ly or	indirectl	у.						•	
									cont	ained i	n this f	orm	are	not requ	ction of inf iired to res OMB cont	spond unle	ess	2 1474 (9-02)
			Table II - I							isposed , conver				y Owned				
Derivative Conversion Date		3. Transaction Date (Month/Day/	n 3A. Deemed Execution Da any	te, if	4. Transaction Code (Instr. 8)		5.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7 1 1 2 (	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	f Beneficia Ownersh y: (Instr. 4)	
					Code	V	(A)		Date Exe	cisable	Expirat Date	ion 7	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/ James D. Graham by Power of Attorney	08/13/2014
**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) Reflects a payout of performance shares at 100 percent target for the 2012-2014 and 2013-2015 performance periods which were deemed earned under the change in control provision of the Issuer's 2012 Incentive Equity Plan, as amended.
- (2) Reflects the number of restricted share units vested from the 2012-2014 and 2013-2015 grants under the Issuer's 2012 Incentive Equity Plan, as amended. The vested shares converted into a cash payment due to a trigger of the change in control provision of the Issuer's 2012 Incentive Equity Plan, as amended.
- (3) The performance shares were converted into a cash payment due to a trigger of the change in control provision of the Issuer's 2012 Incentive Equity Plan, as amended.
- (4) 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.