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)																	
Name and Address of Reporting Person * Stoliar Gabriel				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) 200 PUBLIC SQUARE, SUITE 3300					3. Date of Earliest Transaction (Month/Day/Year) 09/08/2014														
(Street) CLEVELAND, OH 44114-2315				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 PersonForm filed by More than One Reporting Person							
(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execu any	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		or Disposed of (D) (Instr. 3, 4 and 5)		(D)	Benefic Reporte		ount of Securities cially Owned Following ed Transaction(s) 3 and 4)		6. Ownership Form: Direct (D) or Indirect	of l Bei Ow	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							(Code		Amount	or	Pri	ice			(I) (Instr. 4)		, ,	
Common Shares		09/08	3/2014	4			P		7,246	A	\$ 13.7	586	7,246			D			
Reminder:	Report on a s	separate line	for each	Table II -	· Deriv	rative Secu	rities	Acqui	Pe co the	rsons wi ntained i e form di Disposed	no res in this splays	forms a cu Benefi	are i irrent	not requ tly valid	ction of inf iired to res OMB cont	spond unle	ss	C 147	4 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transacti Date (Month/Day		3A. Deemed Execution D any (Month/Day	ate, if	Code (Instr. 8)	5. Nu of De Se Ac (A Di of (In	erivative curities equired of or sposed (D) astr. 3, and 5)	6. an (N	ns, conver Date Exercited Expiration of the Control	cisable on Dat	e A	7. Titl Amou Under Secur (Instr. 4)	rlying		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	of tive ty: (D) rect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Stoliar Gabriel 200 PUBLIC SQUARE SUITE 3300 CLEVELAND, OH 44114-2315	X						

Signatures

/s/ James D. Graham by Power of Attorney	09/09/2014		
-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).

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.