## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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)		1													
Name and Address of Reporting Person*  Stoliar Gabriel				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 Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 200 PUBLIC SQUARE, SUITE 3300					3. Date of Earliest Transaction (Month/Day/Year) 10/16/2014												
(Street) CLEVELAND, OH 44114-2315				4. If Amendment, Date Original Filed(Month/Day/Year)							h/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)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Ye.		ĺ	(Instr. 8)			(A) or (D)	4. Securities Acqui (A) or Disposed of (D) (Instr. 3, 4 and 5)		Beneficia	nt of Securities ally Owned Following Transaction(s) and 4)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
							С	ode	V	Amou	nt (A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Shares 10/16/2014			10/16/2014				A		4,474 (1)	A	\$ 0	11,720			D		
			Table II - 1					quire	conta the fo ed, Dis	ined i orm dis sposed	n this for splays a of, or Ben	m are curre	e not requ ntly valid	OMB conf	spond unle trol numbe	ss	1474 (9-02)
Security	2. Conversion or Exercise Price of Derivative Security	1111	3A. Deemed Execution Da any	4. te, if Transaction Code Year) (Instr. 8)		5.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Am Und Sec	title and ount of derlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Beneficia Ownersh (Instr. 4)		
					Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	n Title	Amount or Number of Shares				

#### **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/ Traci L. Forrester by Power of Attorney	10/20/2014		
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 the number of restricted shares granted to the Reporting Person as Part I of the Annual Equity Grant on October 16, 2014 pursuant to the Nonemployee Directors' Compensation Plan.

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.