

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

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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 Type Responses)

1. Name and Address of Reporting Person CAMBRE RONALD C	2. Issuer Name and Ticker or Trading Symbol CLEVELAND CLIFFS INC [CLF]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)
(Last) (First) (Middle) 1700 LINCOLN STREET, SUITE 2800	3. Date of Earliest Transaction (Month/Day/Year) 07/12/2005	
(Street) DENVER, CO 80203	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
(City) (State) (Zip)	Table I - Non-Derivative Securities Acquired, Held, Sold or Disposed of	

Date Acquired	Quantity	Type of Security	CUSIP	ISIN	Maturity	Interest	Dividend	Other	Acquired	Held	Sold	Disposed	Total

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Date Acquired	Quantity	Type of Security	CUSIP	ISIN	Maturity	Interest	Dividend	Other	Acquired	Held	Sold	Disposed	Total

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* 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 Common Shares credited to the account of the Reporting Person as payment on July 12, 2005, for the Annual Equity Grant for the year 2005 under the Cleveland-Cliffs Inc Non-employee 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.