

# FORM 3

OMB APPROVAL

OMB Number: 3235-0104  
Estimated average burden  
hours per response... 0.5

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* Hart William S.		2. Date of Event Requiring Statement (Month/Day/Year) 03/12/2013		3. Issuer Name Ticker or Trading Symbol CLIFFS NATURAL RESOURCES INC. [CLF]	
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) SVP, Global Marketing	
200 PUBLIC SQUARE, SUITE 3300 (Street)			5. 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
CLEVELAND, OH 44114 (City) (State) (Zip)					

1. Title of Security (Include full name of issuer)	2. Amount of Securities Beneficially Owned (In r. 4)	3. Ownership Form: Direct (D) or Indirect (I)	4. Nature of Indirect Beneficial Ownership (Inst. 5)

Reminder: Report on a separate line for each

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