# FORM 4

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

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 Response	28)												
Name and Address of Taylor Douglas C	of Reporting Per	rson*	2. Issuer Name a CLEVELAND			~ .			5. Relation		orting Perso eck all appli		er
200 PUBLIC SQU	(First) (ARE, SUIT)	(Middle) E 3300	3. Date of Earliest 10/01/2021	Transactio	on (M	onth/Day	Year)		Office	er (give title belo	ow)	Other (specify	below)
	(Street)		4. If Amendment,	Date Origi	nal F	iled(Month/	Day/Year)	)	_X_ Form fil	ual or Joint/O led by One Repo led by More than	orting Person		able Line)
CLEVELAND, OF												,	
(City)	(State)	(Zip)	Ta	ble I - No	ı-Dei	rivative S	ecuritie	s Acqui	ired, Disp	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	(Instr. 8)	ction	4. Securi (A) or D (Instr. 3,	isposed	of (D)	Beneficia Reported	nt of Securiti Illy Owned F Transaction	Following	Form:	7. Nature of Indirect Beneficial
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Shares		10/01/2021		A	V	731 (1)	, ,	\$ 19.66	172,352	2.21		D	
Common Shares									28,150			I	Douglas C. Taylor 2005 Family Trust (2)
Reminder: Report on a	separate line fo				Pers cont the	sons who tained in form dis	respo this fo plays a	orm are	not requesting ntly valid	ction of inf uired to res OMB cont	spond unle	ess	C 1474 (9-02)
			Derivative Securiti e.g., puts, calls, wa	-		-			ly Owned				
1. Title of Derivative Security (Instr. 3)  Price of Derivative Security  Output  Derivative Security		3A. Deemed Execution Da	4. te, if Transaction Code Year) (Instr. 8)	5.	6. D and (Mc	Pate Exerc Expiratio onth/Day/\(^1	isable n Date	7. Ti Amo Und Secu	itle and bunt of erlying urities tr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	Beneficia Ownersh (y: (Instr. 4)
			Code V	(A) (D)	Date Exe		Expiratio Date	on Title	Amount or Number of Shares				

### **Reporting Owners**

		Relationsl	nips	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Taylor Douglas C 200 PUBLIC SQUARE SUITE 3300 CLEVELAND, OH 44114-2315	X			

### **Signatures**

/s/ James D. Graham by Power of Attorney	10/04/2
**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).
- Reflects the number of common shares issued to the Reporting Person in payment of the Reporting Person's quarterly retainer in lieu of cash for the fourth quarter pursuant to (1) the Reporting Person's election to participate in the Cleveland-Cliffs Inc. Nonemployee Director Retainer Share Election Program. The Reporting Person elected to participate in the Retainer Election Program at 25%.
  - These shares are held in a trust for the benefit of the reporting person's children. The reporting person's spouse is a trustee of the trust. The reporting person disclaims
- (2) beneficial ownership of these securities, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

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.