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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person * Floriani Kimberly A | | | | | CLI | 2. Issuer Name and Ticker or Trading Symbol CLEVELAND-CLIFFS INC. [CLF] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|---|-----------------------|---|-------|---|---|--|---|---|------|--------------------|-------|-------------------------|-------------------------------------|---|--|---------------|---|---------------------------------------|--|
| . | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2023 | | | | | | | | | Officer (g below) | ve title Other (specify below) P, Controller & CAO | | | specify | |
| SUITE 3300 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | - 1 | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) CLEVELAND | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zi _l | p) | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | n-Der | ivativ | e Se | curitie | s Acqı | uired, | Disp | osed of, | or l | Benefi | cially Ow | /ned | | | | | |
| Date | | | | | insaction th/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 and 4) | | | | (111501.4) | |
| Common Shares 01/0- | | | | | 04/2023 | | | | A | | 3,081(1) | | A | \$0 | 37,562 | | D | | | |
| Common Shares 01/04 | | | | | /04/2023 | | | | F | | 1,781(2) | | D | \$17.2 | 35,781 | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | cise (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Y | | te Securities l | | urities Un vative Se | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| Explanation of Re | | | | | Code | v | (A) (D) | | Date Exercisable | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | | | | |

- 1. Reflects a payout of performance shares for the 2020-2022 performance period earned under the Issuer's 2015 Equity and Incentive Compensation Plan, as amended.
- 2. Reflects the mandatory surrender of 1,099 shares underlying performance shares and 682 shares underlying restricted share units in payment of the related tax liability incurred on January 4, 2023.

Remarks:

/s/ James D. Graham by Power of Attorney

** Signature of Reporting Person

01/06/2023 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.