# FORM 4

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

OMB APPR	KOVAL
OMB Number:	3235-028
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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 Kesponse	-,													
1801 EAST 9TH STREET, SUITE 1700			2. Issuer Name and Ticker or Trading Symbol CLEVELAND CLIFFS INC [CLF]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X_ Director						
			Date of Earliest Transaction (Month/Day/Year)     01/01/2004     If Amendment, Date Original Filed(Month/Day/Year)										_		
														e)	
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu					ies Acquiro	ured, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		Executi	2A. Deemed Execution Date, if any (Month/Day/Year) 3. Trans Code (Instr. 8		ode	) (A	Securities AcA) or Disposed nstr. 3, 4 and 5	of (D) O Ti	Owned Following Reported Transaction(s) (Instr. 3 and 4)		d (	Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder:	Report on a	separate line for each	class of securities	beneficial	lly ov	wned direc	etly or	Person	s who respo					ed SEC	474 (9-02)
Reminder:	Report on a	separate line for each	Table II -	Derivati	ive So	ecurities A	Acqui	Person in this f display	s who respo form are not s a currently osed of, or Be	required to valid OM neficially O	to respond IB control n	unless the		ed SEC	474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II -  3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transac Code	ive Sets, ca	ecurities A	Acquints, our of e	Persons in this findisplay red, Dispositions, co. 6. Date Ex	s who respo form are not s a currently osed of, or Ben nvertible securation Date	required to valid OM neficially O	to respond IB control r  Owned  Id Amount  ying	unless the number.		10. Ownersl Form of Derivati Security Direct (I or Indire	11. Naturip of Indire Benefici (Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transac Code	ive Sets, ca	ecurities A. S. Numbe Derivative Securities Acquired or Dispose (D) (Instr. 3, 4	Acquints, our of e	Persons in this findisplay  red, Disportions, co  6. Date Exand Expire	s who respo form are not s a currently osed of, or Bei nvertible secu- xercisable ation Date aay/Year)	required valid OM neficially Ourities) 7. Title an of Underly Securities (Instr. 3 ar	to respond IB control r  Owned  Id Amount  ying	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nature of Indire Benefici Owners! (Instr. 4)

### **Reporting Owners**

P (1 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
IRELAND JAMES D III 1801 EAST 9TH STREET SUITE 1700 CLEVELAND, OH 44114	X					

## **Signatures**

/s/ John E. Lenhard; by power of attorney	01/02/2004
**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) Converted common stock on a 1-for-1 basis.
- (2) Reflects number of Common Shares underlying deferred compensation credited to the account of the Reporting Person in payment of 40% of the Reporting Person's Quarterly Retainer under the Cleveland-Cliffs Inc Nonemployee Directors Compensation Plan. Each Stock Unit is generally distributable following termination of service as a Director.

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.