FORM	4
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Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### 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

(Fint of Type Responses)										
1. Name and Address of Reporting P MCALLISTER FRANCIS R	2. Issuer Name and CLEVELAND C			0.7		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) 536 EAST PIKE, P.O. BOX 1		3. Date of Earliest Tr 01/11/2004	Date of Earliest Transaction (Month/Day/Year)     Officer (give title below)     Other (specify below)       /11/2004     Officer (give title below)     Other (specify below)							
(Street) COLUMBUS, MT 53019		4. If Amendment, Da	ate Original	Filed	(Month/Day/	Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)		Fable I - No	on-De	erivative S	ecuritie	s Acqu	ired, Disposed of, or Beneficially Own	ned	
1.Title of Security	2. Transaction	2A. Deemed	3. Transact	ion	4. Securit	ies Acqu	uired	5. Amount of Securities Beneficially	6.	7. Nature
(Instr. 3)	Date	Execution Date, if	Code		(A) or Di	sposed o	f(D)	Owned Following Reported	Ownership	of Indirect
	(Month/Day/Year)	any	(Instr. 8)		(Instr. 3,	4 and 5)		Transaction(s)	Form:	Beneficial
		(Month/Day/Year)				(A) or		(Instr. 3 and 4)	Direct (D) or Indirect (I)	Ownership (Instr. 4)
			Code	V	Amount		Price		(Instr. 4)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
Persons who respond to the collection
in this form are not required to respond

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
Security	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion )	Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		1		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Derivative Security: Direct (D) or Indirect (I)	Beneficial
				Code	v	(A)		Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Units	(1)	01/11/2004		A <sup>(2)</sup>		19.6271		<u>(2)</u>	<u>(2)</u>	Common Shares	19.6271	\$50.95	13,322.0484	D	
Stock Units	<u>(1)</u>	01/12/2004		A <sup>(2)</sup>		68.6948		<u>(2)</u>	<u>(2)</u>	Common Shares	68.6948	\$50.95	13,390.7432	D	

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
MCALLISTER FRANCIS R 536 EAST PIKE P.O. BOX 1330 COLUMBUS, MT 53019	Х						

## **Signatures**

# **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 100% of the Reporting Person's Meeting Fees 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.