FORM 4

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

| OMB APPE | ROVAL |
|-------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average | burden |
| hours por rospons | O F |

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

| 1. Name and Address of Reporting Person* MCALLISTER FRANCIS R | | | 2. Issuer Name and Ticker or Trading Symbol CLEVELAND CLIFFS INC [CLF] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner | | | | | | |
|---|---|--|--|--|--|---|--|---|---|--|--------------------------------------|---------------------------------|--|---|---|
| | (Last) (First) (Middle) 536 EAST PIKE, P.O. BOX 1330 | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2004 | | | | | | _ | Officer (giv | ve title below) | Other | (specify below |) | |
| (Street) | | | 4. If Amendment, Date 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 | | | | | | |
| COLUMBUS, MT 53019 | | | (7:) | | | | | | | Toma field by More than One Reporting Ferson | | | | | |
| (Cit | y) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Data any (Month/Day/Y | | ate, if Code (Instr. 8) | | (A) or Disposed | | Owned Folk Transactions (Instr. 3 and | | | | Ownership Form: | Beneficial Ownership | |
| | | | | | | (| Code | V An | nount (A) (D) | | | | | Instr. 4) | |
| Reminder: | Report on a s | separate line for each | a class of securities | beneficial | lly owne | d direct | | Persons in this fo | rm are not | t required | to respond | unless th | tion containe e form | ed SEC 1 | 474 (9-02) |
| Reminder: | Report on a s | separate line for eacl | | · Derivati | ive Secu | rities A | cquir | Persons in this fo displays red, Dispos | rm are not | t required by valid OM | to respond IB control | unless th | | ed SEC 1 | 474 (9-02) |
| 1. Title of | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | Derivati (e.g., pu 4. Transaci Code | ive Secu ts, calls, 5. N tion Der Sec or I (D) | rities A warran Number rivative purities quired (A Disposed str. 3, 4, | of 6 a (() | Persons in this fo displays red, Dispos | ed of, or Be vertible sectorisable ion Date | t required by valid OM | to respond IB control of Owned | unless th | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownershi Form of Derivativ Security: Direct (D or Indirect (I) | 11. Natu p of Indire Benefic Owners: (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., pu 4. Transaci Code | ive Secu ts, calls, 5. N Sec O Acc or I (D) (Ins and | rities A warran Number rivative purities quired (A Disposed str. 3, 4, | Acquirents, opposed of a (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | Persons in this fo displays red, Dispos ptions, con 6. Date Exe and Expirat | ed of, or Be vertible securicisable ion Date y/Year) | required y valid OM neficially Ourities) 7. Title and of Underly Securities (Instr. 3 an | to respond IB control of Owned | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported | 10. Ownershi Form of Derivativ Security: Direct (D or Indirec | 11. Natu p of Indire Benefici e Ownersl (Instr. 4 |

Reporting Owners

| D # 0 N / | Relationships | | | | |
|--|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| MCALLISTER FRANCIS R 536 EAST PIKE P.O. BOX 1330 COLUMBUS, MT 53019 | X | | | | |

Signatures

| /s/ George W. Hawk; by Power of Attorney | 02/02/2004 |
|--|------------|
| **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 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.