FORM 4

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

OMB APPRO	VAL
OMB Number:	3235-0287
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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).

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 * MORLEY JOHN C			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 10% Owner						
	(Last) (First) (Middle) 31095 CHAGRIN BLVD., SUITE 210N			3. Date of Earliest Transaction (Month/Day/Year) 04/27/2004						-	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)		
	EPPER PIKE, OH 44124 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						ties Acquir					
1.Title of S (Instr. 3)	Title of Security 2. Transaction Date (Month/Day/Year		(Month/Day/Year)		de	(A) (In	or Disposed str. 3, 4 and	Osposed of (D) 4 and 5) Owned Fol Transaction (Instr. 3 and		(s) 4)		Ownership of Form:	Beneficial Ownership		
Reminder:	Report on a s	separate line for each	class of securities l	beneficial	ly owne	ed direct	•	Persons					tion contain	ed SEC 1	474 (9-02)
Reminder:	Report on a s	separate line for each		· Derivati	ive Secu	ırities A	cquir	Persons in this fo displays	orm are not a currently	t required to valid OM neficially O	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., put 4. Transact Code	ive Secuts, calls, 5.1 De Sec Ac or 1 (D)	verities A, warran Number rivative curities quired (Dispose	of 6 a (()	Persons in this fo displays	ed of, or Be vertible section Date	t required to valid OM neficially O	to respond MB control of Dwned d Amount ving	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownersh Form of Derivativ Security: Direct (D) or Indirect	11. Nature of Indirect Beneficie 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., put 4. Transact Code	ive Secuts, calls, 5.1 De Secution According (In and	Number rivative curities quired (Dispose) str. 3, 4,	Acquirents, opposed of a (I	Persons in this fo displays red, Dispos ptions, con 6. Date Exe and Expirat	erm are not a currently sed of, or Be vertible sector recisable ion Date y/Year)	required y valid OM neficially O urities) 7. Title and of Underly Securities	to respond MB control of Dwned d Amount ving	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh: Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indirect Beneficie Owners! (Instr. 4)

Reporting Owners

D 41 0 N 4	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
MORLEY JOHN C 31095 CHAGRIN BLVD. SUITE 210N PEPPER PIKE, OH 44124	X				

Signatures

/s/ John E. Lenhard; by Power of Attorney	04/28/2004
**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.