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 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 Response | s) | | | | | | | | | | | | | | | |
|---|---|--|----------------------------|------------------|--|-----|----------|---|--|------------------|----------------------------|--|---|--|---|--|--|
| 1. Name and Address of Reporting Person * CUCUZ RANKO | | | | | 2. Issuer Name and Ticker or Trading Symbol CLEVELAND CLIFFS INC [CLF] | | | | | | | _X_ Direc | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) 5502 ARBOR BAY DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2004 | | | | | | | Office | er (give title belo | ow) | Other (specify | below) | |
| (Street) BRIGHTON, MI 48116 | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | _X_ Form fil | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acqui | | | | | | | uired, Disp | ired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | | Cod (Inst | | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Benefici Reported | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | 7. Nature of Indirect Beneficial | | |
| | | | (Mont | (Month/Day/Year) | | ode | V | Amoun | (A) or (D) | Pric | | Instr. 3 and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | | |
| Common | Stock | | 07/01/2004 | | | A | (1) | | 67.591 | .9 A | \$ 55.4 | 3,465.3 | 8696 | | D | | |
| | | | Table II - | | | | | con the ed, I | ntained i form di | n this fo | orm a a curr enefici | o the collective not requirently valid | uired to res OMB con | spond unle | ss | 1474 (9-02) | |
| 4 501 0 | | l | la | | uts, calls, v | | its, op | | | | | | | | 2 4 2 | 44.35 | |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day | Execution D v/Year) any | ate, if | | | Number a | | Date Exercisable and Expiration Date Month/Day/Year) | | Aı Uı Se | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form o Derivat Securit Direct (or Indir | Beneficial Ownershi (Instr. 4) D) ect | |
| | | | | | Code V | (A) | (D) | Dat Exe | te ercisable | Expirati Date | ion Ti | Amount or Number of Shares | | | | | |

Reporting Owners

| D 4 0 V 4 | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| CUCUZ RANKO 5502 ARBOR BAY DRIVE BRIGHTON, MI 48116 | X | | | | | | |

Signatures

| /s/ John E. Lenhard; by Power of Attorney | 07/02/2004 |
|---|------------|
| **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) Reflects number of Common Shares credited to the account of the Reporting Person in payment of the Reporting Person's Quarterly Retainer for the third quarter of 2004 under the Cleveland-Cliffs Inc Nonemployee Directors Compensation Plan. Full shares earned in 2004 will be issued effective January 3, 2005.

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.