FORM 4

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

| OMB APPE | ROVAL |
|--------------------|-----------|
| 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).

(Print or Type Responses)

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 *- DOWLING EDWARD C | | | | 2. Issuer Name and Ticker or Trading Symbol CLEVELAND CLIFFS INC [CLF] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|---|----------------------|--|---|--|---|---|---|-------------------|--|------------------|-------------------------------|--|---|--------------------------|---|--|-------------------------|
| (Last) (First) (Middle) 1100 SUPERIOR AVENUE, 15TH FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2004 | | | | | | | | X Officer (give title below) Other (specify below) Executive VP Oper. | | | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | ır) | _X_ | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | LAND, OH | | | | | | | | | | | | Tomi med by wore than one reporting reason | | | | |
| (Cit | y) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | ĺ | (Instr. 8) | | 4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5) | | | Ov Tra | Owned Follow Transaction(s | | ed | 5. Ownership Form: | Beneficial | | |
| | | | | (Month/l | Day/ Y | ear) | Coo | de V | Amo | (A) | | Price | or Ind | | Direct (D) or Indirect (I) (Instr. 4) | indirect (Instr. 4) | |
| Common | mon Stock 09/15/2004 | | | N | | [| 6,66 | 7 A | \$ 6 | 5 54.9688 14 | 14,937 | | D | | | | |
| Common | Stock | | 09/15/2004 | | | | S | | 6,66 | 7 D | \$ | 5 74 8,2 | 270 | | | D | |
| | | | Table II | | | | | disp | lays ispose | a curre | ntly Bene | required to valid OMB eficially Own rities) | control n | | ; 101111 | | |
| 1. Title of Derivative Security (Instr. 3) | | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | etion (| of Deriv Secun Acqu (A) o Dispo of (D | or osed 0) r. 3, 4, | Expiration | oritation Date of Un onth/Day/Year) Secur | | | 7. Title and of Underly Securities (Instr. 3 and | derlying Derivative I Security S (Instr. 5) E F | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners: Form of Derivati Security Direct () or Indire | Ownership (Instr. 4) Co |
| | | | | Code | V | (A) | (D) | Date Exercisab | | Expirati Date | on | Title | Amount or Number of Shares | | | | |
| Options (right- to-buy) | \$ 64.9688 | 09/15/2004 | | М | | | 6,667 | 01/12/20 | 003 | 01/12/2 | 2009 | Commor | 6,667 | \$ 0 | 6,667 | D | |

Reporting Owners

| Ī | D (1 0 N) | Relationships | | | | | | | |
|---|---|---------------|--------------|--------------------|-------|--|--|--|--|
| | Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| | DOWLING EDWARD C 1100 SUPERIOR AVENUE 15TH FLOOR CLEVELAND, OH 44114 | | | Executive VP Oper. | | | | | |

Signatures

| Edward C. Dowling | 09/16/2004 |
|---------------------------------|------------|
| **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).

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.