FORM 4

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

OMB APPROVAL					
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

(Print or Type Responses) 1. Name and Address of Reporting Person * GALLAGHER DONALD J				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				3. Date of Earliest Transaction (Month/Day/Year) 11/23/2004							Director10% Owner X Officer (give title below) Other (specify below) Senior VP & CFO & Treasurer				
(Street) CLEVELAND, OH 44114				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(Cit	у)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				ies Acquir	nired, 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)		(Instr. 8)		4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)))	Owned Following Reported Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership			
				(Wollun)	Jay/ i ear)	Code	· V	Amount	(A) or (D)	Price	(I)		or Indirect	(Instr. 4)	
Common	Stock		11/23/2004			M	3	3,333	I A	\$ 54.1406	3,764			D	
Common	Stock		11/23/2004			S	3	3,333	D	\$ 90	431			D	
Common	Common Stock									10,709			I	By VNQDC (1)	
Reminder:	Report on a s	separate line for eac	h class of securities Table II	- Derivati	ive Securi	ties Acq	Perso in this displa uired, Dis	ons wh s form ays a c	are not currently	required y valid OM neficially (collection to respond MB control	unless the		ned SEC	1474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II	- Derivati (e.g., pu 4. Transaci Code	ive Securits, calls, w 5. Nu ion of Deriv Securical Acque (A) o Dispo	ties Acquarrants mber (I rative (rities ired r osed) . 3, 4,	Perso in this displa	ons when some some some some some some some some	are not currently of, or Ben tible secu	required / valid ON neficially (nrities) 7. Title of Unde Securiti	to respond MB control Owned and Amount erlying	l unless the number. 8. Price of	form	of 10. Owners Form o Derivat Securit Direct or India	11. Nature of Indire Beneficity Ownersky: (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II	- Derivati (e.g., pu 4. Transaci Code	ive Securits, calls, w 5. Nu ion of Deriv Secur Acqu (A) o Dispo of (D) (Instr	ties Acq varrants mber [rative (rities ired r rossed)	Perso in this displa uired, Dis , options, 5. Date Exe Expiration	ons whose form ays a cooperate of the co	are not currently of, or Beitible secue and	required / valid ON neficially (nrities) 7. Title of Unde Securiti	to respond MB control Owned and Amount erlying ies	8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form o Derivat Securit Direct or India (s) (I)	11. Nature of Indire Beneficity Ownersky: (Instr. 4)

Reporting Owners

D (1 0 N /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
GALLAGHER DONALD J 1100 SUPERIOR AVENUE CLEVELAND, OH 44114			Senior VP & CFO & Treasurer		

Signatures

D. J. Gallagher	11/23/2004
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) Held for the benefit of the Reporting Person by the Cleveland-Cliffs Inc Voluntary Non-Qualified Deferred Compensation Plan (VNQDC).

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.