FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

OMB APPROVAL

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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* 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					
,	(Last) (First) (Middle) 31095 CHAGRIN BLVD., SUITE 210N			3. Date of Earliest Transaction (Month/Day/Year) 12/14/2004					-	Officer (g	ive title below)	Oth	er (specify belo	N)	
(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				ie)	
	PIKE, OF		(7:)												
(Cit	у)	(State)	(Zip)			Table	I - No	on-Deriva	tive Securit	ies Acquir	uired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)		on Date,	if Cod (Ins	ransac e tr. 8)	(A)	Securities Act or Disposed str. 3, 4 and	of (D) Owned Fol		of Securities Beneficially lowing Reported (s)		Ownership	Beneficial
				(Month/	Day/Yea		ode	V Am	(A) o	or	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Reminder:	Report on a s	separate line for eac	h class of securities	beneficia	lly owne	d direc		Persons	who respo						474 (9-02)
Reminder:	Report on a s	separate line for eac	Table II -	Derivativ	ve Secur	ities A	equire	Persons containe form dis	who respo	orm are no rrently val	t required id OMB co	d to respo	nd unless th		474 (9-02)
1. Title of	•	3. Transaction	Table II -	Derivativ (e.g., puts 4. Transac Code	ve Securs, calls, ve Scalls, ve S	varran Number Derivat curities quired (Dispose D) str. 3, 4	cquire ts, op 6. ive ar (N	Persons containe form dis	who respond in this for plays a curled of, or Be vertible sectorisable ion Date	orm are no rrently val	ot required id OMB co Owned d Amount ving	to respondent on trol number of the second number o	nd unless th	10. Ownersh Form of Derivativ Security: Direct (E or Indirec	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transac Code	ve Securs, calls, ve securs, c	ities Ac warran Number Derivat curities quired (Dispose Dispose Distr. 3, 4	cquire ts, op 6. ive ar (N	Persons containe form dispersions, containe Date Exercise Expirations.	who respond in this for plays a curled of, or Be vertible securities and the control of the cont	rently value of Underly Securities	ot required id OMB co Owned d Amount ving	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivativ Security: Direct (E or Indirec	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

D (1 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MORLEY JOHN C 31095 CHAGRIN BLVD. SUITE 210N PEPPER PIKE, OH 44124	X					

Signatures

John E. Lenhard; by Power of Attorney	12/15/2004
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.