## Edgar Filing: Eldridge Barry J - Form 4

Eldridge Ba	rry J										
Form 4											
January 10,	2007										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PROVAL		
	UNITED	SIAIES			AND EXC , D.C. 205		NGE CU	DIVIIVIISSION	OMB Number:	3235-0287	
Check th	nis box		vv a	sinington	, D.C. 203	47				January 31,	
if no lon		MENT O	F CHAN	IGES IN	BENEFI	CIAI	OWN	ERSHIP OF	Expires:	2005	
subject t Section	0			SECURITIES					Estimated average burden hours per response 0.5		
Form 4 c											
Form 5	Filed pu	rsuant to	Section 1	6(a) of th	ne Securiti	es Ex	change	Act of 1934,			
obligatic may con		(a) of the	Public U	tility Hol	ding Com	pany	Act of 1	1935 or Section	l		
See Instr		30(h)	of the II	nvestment	t Company	Act	of 1940	1			
1(b).											
(Print or Type	<b>D</b> as <b>p</b> onsas)										
(I Int of Type	(Kesponses)										
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationsh						5. Relationship of l	Reporting Pers	on(s) to			
Eldridge Barry J Symbol				and the second of the second				Issuer			
			•	ELAND C	CLIFFS IN	IC [C	LF]			<b>、</b>	
(Last)	(First)	(Middle)		of Earliest T		Ľ	-	(Check	all applicable	)	
()	()	()					X Director 10% Owner				
•			01/08/2	2007 -				Officer (give titleOther (specify			
FLOOR							t	below)	below)		
	(Street)		4. If Am	endment, D	ate Original		(	5. Individual or Joi	nt/Group Filin	g(Check	
			Filed(Mo	nth/Day/Yea	r)			Applicable Line)			
								X_Form filed by O Form filed by M			
CLEVELA	ND, OH 44114							Person		portung	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative S	ecurit	ties Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Dat	e 2A. Deen	ned	3.	4. Securitie	s Aca	uired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	n Date, if Transactiom Disposed of (D)					Securities	Ownership	Indirect		
(Instr. 3) any			<b>N</b> ( <b>1</b> 7 )	Code (Instr. 3, 4 and 5)						Beneficial	
		(Month/L	Day/Year)	(Instr. 8)				Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)	
						$(\mathbf{A})$		Reported	(I)	(1115411-1)	
						(A) or		Transaction(s)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	01/08/2007			A <u>(1)</u>	14.4509	А	\$	2,544.0344	D		
Stock					2		48.44	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Common Stock	01/09/2007			A <u>(1)</u>	21.6763	А	\$ 48.44	2,565.7107	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Eldridge Barry J 1100 SUPERIOR AVENUE 15TH FLOOR CLEVELAND, OH 44114	Х						
Signatures							
Susanne Dickerson by Power of Attorney	01/10/2007						
**Signature of Reporting Person		Da	ite				
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).

Reflects number of Common Shares credited to the account of the Reporting Person in payment of the Reporting Person's Meeting Fees
 (1) under the Cleveland-Cliffs Inc Nonemployee Directors Compensation Plan. Full shares earned in 2007 will be issued effective January 2, 2008.

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.