FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* BLACK LAURIE M | | | | | | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | |
|---|---|--|--|------------|---|-------------------------------|--------|------------------|-----------|---|-----------|------------------|--|---|--|---|--|---|--|---|---------------------------------------|--|
| (Last) (First) (Middle) C/O NORDSTROM, INC. 1700 SEVENTH AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2010 | | | | | | | | | | | low) | (give title secutive Vice 1 | | below) | | | |
| (Street) SEATTL | | | 98101 | | 4. 11 | f Ame | endmen | t, Date | e of (| Original F | iled | (Month/D | ay/Yea | ır) | 6. Lin | e) X Fo | orm 1 | filed by On | e Rep | g (Check A orting Person | on | |
| (City) | (S | | (Zip) le I - Non | ı-Deriv | /ative | Se | curiti | es A | car | uired. I | — Disr | osed (| of. or | Ber | neficia | llv Ow | neo | <u> </u> | | | | |
| 1. Title of Security (Instr. 3) 2. Trai | | | 2. Trans | saction | ar) | 2A. Deemed Execution Date, | | 3. Transactio | | tion | 4. Secur | rities Ac | quire | | or 5. Amo 1 and Securit Benefic | | nt of | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: Direct r Indirect | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | , | | | Code | v | Amount | : (| (A) or Price | | Trar | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock | | | | | | | | | | | | | | | | | 45,681 | | D | | | |
| Common Stock | | | | | | | | | | | | | | 11,22 | | 21.126 | | I | By 401(k) Plan, per Plan statement dated 1/31/10 | | | |
| | | Т | able II - I (| | | | | | | red, Di options | | | | | | / Own | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | d Date, | 4. Transac Code (I | | 5. Nur | | 6. I | Date Exercisab xpiration Date Month/Day/Year) | | ole and | 7. Title Amou Secur Under Deriva | 7. Title and Amount of Securities Jnderlying Derivative Security Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Da: Ex | te ercisable | | xpiration ate | Title | | Amount or Number of Shares | | | | | | | |
| Employee Stock Option (right to | \$36.94 | 02/26/2010 | | | A | | 0(1) | | | (2) | 02 | /26/2020 | Comn | | 0(1) | \$0 | | 0 ⁽¹⁾ | | D | | |

Explanation of Responses:

1. The number of options granted is not known at this time. The number is calculated as a function of base pay, a long-term incentive (LTI) percentage and the fair value of the option. The Binomial Lattice option valuation model will be used to estimate the fair value of the option. This model requires the input of certain assumptions, including risk-free interest rate, volatility, dividend yield, and expected life. The formula for determining the number of options granted is: number of options = (base pay x LT1%) / option fair value. This Form 4 will be amended to report the number of options granted when that number has been calculated

2. Granted under the issuer's 2004 Equity Incentive Plan, exercisable in four equal annual installments commencing on 2/26/2011.

Remarks:

/s/ Duane E. Adams, Attorney-03/01/2010 in-Fact for Laurie M. Black

** Signature of Reporting Person

Date

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

- * 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.

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 Number.