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

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NGES IN BENEFICIAL OWNERSHIP	OMB Number:	3:			

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	

or Section 30(h) of the Investment Company Act of 1940

OMB APPRO	OVAL								
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Name and Address of Reporting Person* SARI ROBERT						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]										Check	k all appli Directo	licable)		Person(s) to Issu 10% Owr Other (sp		er
(Last) (First) (Middle) C/O NORDSTROM, INC. 1700 7TH AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 03/03/2014										X	below) below Exec. VP and Secretary					
(Street)			98101		4. 11	f Ame	ndmen	t, Date	e of 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						ble
(City)	(S		(Zip)																			
1 Tido of 6	Saarreiter (Ince		le I - No	n-Deri\		_			_	uired, 3.	Dis	posed				<u> </u>	Owned 5. Amoun		6 0	nership	7. Natu	uro of
Da			Date (Month/E		r) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)			Transa Code (I 8)								Forn		Direct Indirect str. 4)	Indirect Benefic Owners	Indirect Beneficial Ownership (Instr. 4)	
										Code V		Amount		(A) or (D)	Price	- [-	Transaction(s) (Instr. 3 and 4)				(msu	"
Common Stock 03/03						2014				A		1,635(1)		A	\$(\$0 7,3		379		D		
Common Stock																	1,648.12		I		By 40 Plan, Plan staten dated 1/31/2	per nent
		Т	able II -									osed of converti					wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	n Date,		Transaction Code (Instr.		n of		Date Ex opiration onth/Da	Date			Security	De Se (In	Price of erivative ecurity estr. 5)	9. Numbe derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	ip of In Ber Own t (Ins	Nature ndirect neficial nership str. 4)	
					Code	v	(A)	(D)		ate kercisab		expiration Pate	Title		Amoun or Numbe of Shares	r						
Employee Stock Option (right to	\$61.21	03/03/2014			A	A				(3)	0	3/03/2024		nmon tock	0(2)		\$0	0 ⁽²⁾)	D		

Explanation of Responses:

- 1. Restricted stock award, vesting and exercisable in four equal annual installments commencing 3/3/2015.
- 2. 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 LTI%) / option fair value. This Form 4 will be amended to report the number of options granted when that number has been calculated.
- 3. Granted under the issuer's 2010 Equity Incentive Plan, exercisable in four equal annual installments commencing on 3/3/2015.

Remarks:

Paula McGee, Attorney-in-Fact 03/05/2014 for Robert B. Sari

** 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.