FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL										
	OMB Number: 3235-02										
l	Estimated average burden										
l	hours per response:	0.5									

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     KOPPEL MICHAEL G					2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [ JWN ]								ck all applica Director Officer (	ıble)	g Person(s) to Issue 10% Own Other (sp		ner	
	(F RDSTROM (TH AVEN		(Middle)	(	3. Date of Earliest Transaction (Month/Day/Year) 03/03/2014								Executive Vice President					
(Street) SEATTL (City)		7A State)	98101 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 03/05/2014							Line)	. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
		Tá	able I - Non	-Derivat	tive S	ecurities	Acq	uired,	Dis	posed of,	or Ben	eficially	Owned					
Date			2. Transact Date (Month/Day	Execution Date, if any				s Acquired (A) or of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	ce Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock												64,757		D				
Common Stock													6,079.82			I Property of the second of th	y 401(k) lan, per lan atement ated /10/2014.	
			Table II - D			curities A							Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)		isable and			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	ve ies ially ng ed	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)	
				Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares	(Insti		ction(s) )			
Employee Stock Option (right to buy)	\$61.21	03/03/2014		A		39,434 <sup>(1)(2)</sup>		(3)	)	03/03/2024	Common Stock	39,434	\$0	39,4	434	D		

## **Explanation of Responses:**

- 1. This Form 4 is being amended to report the number of options granted, which was unknown at the time of the original filing on 3/5/2014, pursuant to a formula approved by the Compensation Committee.
- 2. 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.
- 3. Granted under the issuer's 2010 Equity Incentive Plan, exercisable in four equal installments commencing on 3/3/2015.

## Remarks:

Paula McGee, Attorney-in-Fact for Michael G. Koppel

03/27/2014

\*\* Signature of Reporting Person

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.