FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSH	HIP
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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* Myers Margaret						NORDSTROM INC [JWN]								Check all applicable) Director				
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617SIXTH AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 03/03/2014								X Office below	specify			
(Street) SEATTLE WA 98101					4. 11	4. If Amendment, Date 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				
(City)	(S	•	(Zip)	n-Deriv	,ative		·uriti	os Ac	quired	Die	nosed (of or Be	neficia	Ily Owne	d			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				action	ction 2A Ex ay/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		ties Acquire I Of (D) (Ins	ed (A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		. Nature of ndirect Beneficial Ownership	
									Code	v	Amount	(A) oi (D)	Price	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)
Common Stock 03			03/03	03/2014				A		1,433	1) A	\$0	\$0 17,711			D		
Common Stock													6,83	6,838.8		I 3	By 401(k) Plan, per Plan statement lated	
		Т	able II -									, or Ben ble sec		y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code (8)		n of l		6. Date Expiration (Month/Da	n Date	•	Amount of Securities Underlying Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to	\$61.21	03/03/2014			A		0(2)		(3)	c	03/03/2024	Common Stock	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 Bionomial 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 installments commencing on 3/3/2015.

Remarks:

buy)

/s/ Paula McGee, Attorney-in-03/05/2014 Fact for Margaret Myers

** 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.