FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
haura nar raananaa	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* OSBORNE ALFRED E JR					2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]									(Ch	eck all	k all applicable)		g Person(s) to Issuer 10% Owner			
	E ANDERS	ON SCHOOL A			3. Date of Earliest Transaction (Month/Day/Year) 08/23/2005										Officer pelow)	(give title		Other (s below)	specify		
110 WES	STWOOD I	PLAZA, ROOM	C305												6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) LOS AN	GELES C.	A !	90095												F						
(City)	(S	tate)	(Zip)																		
		Tab	le I - Nor	-Deriv	ative	Sec	curitie	s Ac	qu	ired, I	Disp	osed c	of, o	r Ben	eficia	ly O	vnec	i			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year			Code (Instr.						I Se	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount		(A) or (D)	Price	Tr	Transaction(s) (Instr. 3 and 4)				(113111 4)			
Common Stock																20,102(8)		D			
Common Stock																1,200(8)		I		See ⁽¹⁾	
Common Stock															4,80		800(8)		I	See ⁽²⁾	
Common Stock																300(8)		I		See ⁽³⁾	
		T	able II - I									sed of, onverti				OW!	ned				
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	Date, T	4. Transactior Code (Instr. 8)		5. Number of		6. Date Exercist Expiration Date (Month/Day/Yea				7. Title and Amount of Securities Underlying Derivative Set (Instr. 3 and 4)			8. Pri Deriv Secu (Insti	ative rity	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e (s I ally I g (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Da Ex	ite ercisabl		xpiration ate	Title	O N	lumber						
Stock Units	(4)	08/23/2005		T	A		677 ⁽⁵⁾			(6)		(6)		nmon ock	677	\$33	3.22	9,872.26 ⁽	7)(8)	D	

Explanation of Responses:

- 1. Shares owned by wife. 400 of such shares are held in a joint brokerage account with the reporting person. The reporting person disclaims beneficial ownership all shares held by his wife.
- 2. By a corporation of which the reporting person is the sole shareholder.
- 3. By the reporting person's wife as trustee for the benefit of child.
- 4. 1 for 1
- 5. Awarded under the 2002 Nonemployee Director Stock Incentive Plan. The stock units were deferred at the election of the reporting person under the Directors' Deferred Compensation Plan.
- 6. The stock units are convertible into the issuer's common stock and payable upon the occurrence of certain events, including the reporting person's retirement from the issuer's Board of Directors.
- $7. \ Represents the total number of stock units held by the reporting person under the Directors' Deferred Compensation Plan.\\$
- 8. Reflects two-for-one stock split effective June 30, 2005.

Remarks:

/s/ Duane E. Adams, Attorneyin-Fact for Alfred E. Osborne.

08/25/2005

<u>Jr.</u>

** 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.