FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiiiigtoii,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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* Worzel Ken					2. I: <u>N(</u>	2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	(Fi	,	(Middle)			Date of Earliest Transaction (Month/Day/Year) /13/2023] :	below)	r (give title) Chief Customer		Other (below) Officer			
1617 SIXTH AVENUE					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SEATTL	E W	A	98101											4	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si	rate)	(Zip)		Rı	Rule 10b5-1(c) Transaction Indication														
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											ed to								
		Tab	le I - No	n-Deriv	ative	e Se	curities	s Ac	quired,	, Dis	posed o	f, or E	Bene	eficiall	y Owned					
Da			Date	2. Transaction Date (Month/Day/Year)		Execution Date, 'ear) if any		Transaction Disposed Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owner following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)	
Common	Stock													120,275			D			
Common Stock													5,378		I		By 401(k) Plan, per Plan statement dated 8/31/2023			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Security or Exercise (Month/Day/Year) if any				Date,		ransaction of I code (Instr. Derivative (6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title a Amount Securiti Underly Derivati (Instr. 3			t of ies ying ive S		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	0 N	Amount or Jumber of Shares						
Stock Units	(1)	09/13/2023			J	v	83.5 ⁽²⁾		(3)		(3)	Commo		83.5	\$14.5	6,455	.51	D		

Explanation of Responses:

- 1. 1 for 1
- 2. Stock unit dividend credited with respect to performance share units that were deferred at the election of the reporting person under the Nordstrom Deferred Compensation Plan.
- 3. The stock units are convertible into issuer's common stock and payable upon the occurrence of certain events, including the reporting person's retirement from the issuer.

Remarks:

Brian B. DeFoe, Attorney-in-Fact for Ken Worzel

09/15/2023

** 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.