FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* NORDSTROM PETER E						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]									Relationship of Reporting Person(s) to Issuer (Check all applicable)				
NORDSTROW FETER E					_ _										X Directo			6 Owner	
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE					02/	3. Date of Earliest Transaction (Month/Day/Year) 02/26/2010									X Officer (give title below) Other (specify below) Executive Vice President				
(Street) SEATTLE WA 98101					- 4. II -	f Amei	ndmeni	t, Date	of Origina	^r Original Filed (Month/Day/Year)				Line	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person			erson	
(City)	(St		(Zip)																
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L						ecurities Acqu 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Trans	3. 4. Se Transaction Disp Code (Instr. 5)		ed of, or Benefic ecurities Acquired (A) posed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Indirect		
								Code	v	Amount	t (A) or (D) Pr		Price	Transac (Instr. 3	tion(s)		(,		
Common Stock															1,85	0,373	D		
Common Stock															22,2	16.237	I	By 401(k) Plan, per Plan statement dated 1/31/10	
Common Stock															132	2,837	I	By wife	
Common Stock														320	0.617	I	By wife in 401(k) Plan, per Plan statement dated 1/31/10		
		Т	able II - I								sed of onverti				Owned				
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/Da	d Date,	4. Transa Code (8)	ction	5. Number 6.			ercisa n Date	ble and				8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	Beneficial D) Ownership ect (Instr. 4)	
				c		v			Date Exercisal		xpiration ate	Title	or Nui of	ount nber ires					
Employee Stock Option (right to buy)	\$36.94	02/26/2010			A		0 ⁽¹⁾		(2)	02	2/26/2020	Commo Stock		(1)	\$0	0(1)	D		

1. 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 LT1%) / option fair value. This Form 4 will be amended to report the number of options granted when that number has been calculated

2. Granted under the issuer's 2004 Equity Incentive Plan, exercisable in four equal annual installments commencing on 2/26/11.

Remarks:

Duane E. Adams, Attorney-in-Fact for Peter E. Nordstrom

03/01/2010

** 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.