#### 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	
nstruction 1(b).	

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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

Name and Address of Reporting Person*     Witman David M						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [ JWN ]											all appli Directo Officer	cable) or (give title	ng Per	rson(s) to Iss 10% Ov Other (s	vner		
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2007										71	below) below)  Executive Vice President							
(Street) SEATTL	E W	'A	98101		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)						ar)		6. Individual or Joint/Group Filing (Check Applica Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person									
(City)	(S		(Zip)																				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Ins			4. Secur Dispose 5)			4 and Securit Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
										Code V			(A) or (D)	Price	1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock																3,055		D				
Common Stock															2,612			I	By 401(k) Plan, per Plan statement dated 1/31/07				
		Т	able II - I )									sed of onverti				y Ov	vned						
1. Title of Derivative Security (Instr. 3)	e of 2. 3. Transaction 3A. Deemed 4. Active Conversion Date Execution Date, Transity or Exercise (Month/Day/Year) if any Cod		Transa Code (				Ex	Date Exe piration I onth/Day	Date		7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and			Deri	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Forn Direc or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Dat Exe	te ercisable		piration ite	Title		Amount or Number of Shares								
Employee Stock Option (right to	\$53.63	03/01/2007			A		0(1)			(2)	03	/01/2017	Comn		0(1)		\$0	0 <sup>(1)</sup>		D			

#### Explanation of Responses:

1. The number of options granted effective 3/1/07 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 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 3/1/08.

# Remarks:

/s/ Duane E. Adams, Attorney-03/05/2007 in-Fact for David M. Witman

\*\* 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.