FORM 4

obligations may continue. See Instruction 1(b).

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	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Occident 10. Form 4 of Form 5		

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 BLAKE W														Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
	(Fi RDSTROM KTH AVEN	, INC.	(Middle)		03/	3. Date of Earliest Transaction (Month/Day/Year) 03/03/2014									X Officer (give title Other (specify below) President						
(Street)	E W	Ά	98101		— 4. l	f Amer	ndmen	t, Date	of Origina	al File	d (Month/D	ay/Year)		Line	X Form	filed by O	ne Rep	g (Check oorting Pei in One Re	rson		
(City)	(S	tate)	(Zip)												Perso	n					
		Tab	le I - No	n-Deri	vative	Sec	curiti	es Ac	quired	, Dis	sposed (of, or E	enef	icial	y Owne	d					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.				or 1 and	5. Amour Securities Beneficia Owned For	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	Code V		(A) or (D) Price		ice	Transaction(s) (Instr. 3 and 4)								
Common	Stock			03/03	3/2014				A		7,4020	1) A		\$ <mark>0</mark>	1,903	3,249		D			
Common	Stock														76,	357		I	By 401(k) Plan, per Plan statement dated 1/31/2014.		
Common	Stock														376,	,887		I	By wife		
Common	Stock														32,0	055		I	By self as trustee for benefit of child		
Common Stock													29,911			I	By self as trustee for benefit of child				
		Т	able II -								osed of converti				Owned						
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year)		ned n Date,	4. Transa	Transaction Code (Instr.		5. Number 6		S. Date Exercisable Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (Di or Indirec (I) (Instr.	Beneficial Ownership ct (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Nun of Sha								
Employee Stock Option (right to	\$61.21	03/03/2014			A		0(2)		(3)	(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 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 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 annual installments commencing on 3/3/2015.

Remarks:

Paula McGee, Attorney-in-Fact 03/05/2014 for Blake W. Nordstrom

- * 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.