FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL							
	OMB Number:	3235-0287							
l	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*     NORDSTROM BLAKE W						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [ JWN ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner  Officer (size title Check (check))				
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 02/25/2011										X Officer (give title Other (specify below)  President				
(Street) SEATTL						4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Appl Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person			
(City)																			
Table I - Nor  1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ar) i	2A. Deemed Execution Date,		3. Transaction Code (Instr.					A) or	5. Amou Securiti Benefici Owned I	int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A)	) or )	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common	Stock														1,62	20,040		D	
Common	Stock														69,70	00.235		I	By 401(k) Plan, per Plan statement dated 1/31/11
Common Stock														375	5,466		I	By wife	
Common	Stock														30	,634		I	By self as trustee for benefit of child
Common Stock													28,490			I	By self as trustee for benefit of child		
Common Stock														11	11,974		I	By self as custodian of child	
		Т	able II -						uired, Di						Owned				
1. Title of Derivative Security (Instr. 3)	e of 2. 3. Transaction 3A. Deemed Execution Date, if any		ed 4 Date, 1	4. Transactior Code (Instr. 8)		5. Number 6.		6. Date Exe	Date Exercisal expiration Date Month/Day/Year		ble and 7. Title an		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is III	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				C	Code	v	(A)	(D)	Date Exercisable		piration te	Title	or Nu of	nount mber ares					
Employee Stock Option (right to buy)	\$45.49	02/25/2011			A		0(1)		(2)	02	/25/2021	Commo Stock		<b>)</b> <sup>(1)</sup>	\$0	0(1)		D	

## Explanation of Responses:

<sup>1.</sup> The number of options granted effective 2/25/11 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.

 $2. \ Granted \ under the issuer's \ 2010 \ Equity \ Incentive \ Plan, \ exercisable \ in four \ equal \ annual \ installments \ commencing \ on \ 2/25/2012.$ 

Remarks:

/s/ Paula McGee, Attorney-in-Fact for Blake W. Nordstrom

02/28/2011

\*\* 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.