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 | STATEMENT OF |
|--|----------------|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant |

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* Worzel Ken (Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE (Street) SEATTLE WA 98101 (City) (State) (Zip) | | | | | | 2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] 3. Date of Earliest Transaction (Month/Day/Year) 10/06/2015 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Executive Vice President 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
|---|--|--|--|----------------|--|--|--|---|------------------------------|-----------------------|---------------------|-------------------------------|---|---------|---------------------------------------|--|--|---------------------|--|---|--|
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Da | | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa Code (8) | | | | | | and Securit | | ies Fially (I | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | ount (A) (D) | | Price | , ∣Tr | ansac | tion(s) and 4) | | | (| |
| Common | Stock | | | 10/06 | /2015 | T | | | A | | 1,115 | | A | \$(| 0 | 2 7,6 | 13.75 ⁽¹⁾ | 75 ⁽¹⁾ D | | | |
| Common Stock | | | | | | | | | | | | | | | | 2,623.22 | | I | | By 401 (k) Plan, per Plan statement dated 9/30/2015. | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | ned n Date, | 4. Transa Code (8) | ctio | 5. N of of Deri Sec Acq (A) Disp of (I | vative urities uired or oosed 0) tr. 3, 4 | | Exercison Date Day/Ye | sable and | 7. Tit Amo Secu Unde | tle and punt of urities erlying vative urity (II 4) | nstr. 3 | 8. Prio Deriva Secur (Instr. | ative ity | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Represents additional restricted stock units (RSUs) resulting from the adjustment on October 6, 2015 of outstanding unvested RSUs by a factor of 1.0708857 in connection with the special cash dividend approved by the issuer's board of directors on October 1, 2015. Adjustment of outstanding unvested RSUs was required pursuant to the terms of Nordstrom, Inc. 2010 Equity Incentive Plan. These additional RSUs are subject to the original vesting schedule in place with respect to the RSUs giving rise to the award adjustment.

Remarks:

Paula McGee, Attorney-in-Fact 10/08/2015 for Ken Worzel

** 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.