#### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

### ENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB /	APPROVAL
OMB Number	3235-0287
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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*     Mattics Steven C						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [ JWN ]										5. Relationship of Report (Check all applicable) Director Officer (give title				ng Person(s) to Issuer 10% Owne Other (spec	
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 6TH AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 03/04/2013										X Officer (give title Offier (specify below)  Executive Vice President						
(Street) SEATTL	E W	Ά	98101		_   4. li	4. If Amendment, Date of Original Filed (Month/Day/Year						ar)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person							
(City)	(S		(Zip)																		
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transplate (Month/I				action	ction 2A. Deemed Execution Date,			,	3. 4. Securit Transaction Disposed Code (Instr. 5)			of, or Benefic rities Acquired (A) o ed Of (D) (Instr. 3, 4			r 5. Amount of Securities Beneficially Owned Following		nt of s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount		(A) or (D)	Price	To	Reported Transaction (Instr. 3 and				(Instr. 4)
Common	Stock															(		)	D		
Common Stock												2,08		2.971		I	By 401(k) Plan, per Plan statement dated 2/28/2013				
		Т	able II -									osed of onverti				y Ow	ned				
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	ed Date,	4. Transa Code ( 8)	ction	5. Number of		6. Date Exercisa Expiration Date (Month/Day/Year			ble and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		I Security			9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Da Ex	ite ercisable		xpiration ate	Title		Amount or Number of Shares						
Employee Stock Option (right to	\$53.82	03/04/2013			A	A				(2)	03	3/04/2023	Com		0(1)	\$	<b>\$</b> 0	0(1)		D	

#### **Explanation of Responses:**

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 pick-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 2010 Equity Incentive Plan, exercisable in four equal annual installments commencing on 3/4/2014.

# Remarks:

Paula McGee, Attorney-in-Fact 03/04/2013 for Steven C. Mattics

\*\* 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.