FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average t | ourden | | | | | | | | |

0.5

hours per response:

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

| | | | | | _ | | | | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------------|--------|---|---|------|-------------|----------------------------------|--------------------------------|------------------|--|-----------------|-----------------------------------|--|--|------------------------|--|---------------------------------------|--|--|--|
| 1. Name and Address of Reporting Person* MACKIE DAVID L | | | | | | 2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] | | | | | | | | | | (Ched | k all applic Directo | or | | 10% O | wner | | |
| (Last) (First) (Middle) C/O NORDSTROM, INC. 1700 SEVENTH AVENUE | | | | | 02/ | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2005 | | | | | | | | | | | X Officer (give title Other (specify below) Vice President & Secretary | | | | | | |
| (Street) | Street) SEATTLE WA 98101 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | 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 | ate) | (Zip) | | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative/ | Se | curitie | s Ac | qui | ired, [| Disp | osed c | of, o | r Bei | nefic | ially | Owned | l | | | | | |
| Date | | | | 2. Trans Date (Month/ | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | e, Transaction Dis | | | Securities Acquired (A) posed Of (D) (Instr. 3, 4 | | | | | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code V | | Amount (A | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | | |
| Common Stock | | | | | | | | | | | | | | | | 6, | | 088 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | | 987 | | I | | By 401(k) Plan, per Plan statement dated 1/31/05 | | |
| | | T | able II - | | | | | | | | | sed of | | | | | Owned | | | | | | |
| 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 | d 4. Date, Transact Code (In | | ction | 5. Number ion of | | | ate Exer iration I nth/Day | ble and 7. Title and Amount of | | | l J Secur | 8 | B. Price of Derivative Security Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactic (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exe | e rcisable | | xpiration ate | Title | | Amou or Numb of Share | er | | | | | | | |
| Employee Stock Option (right to | \$52.02 | 02/23/2005 | | | A | | 7,752 | | | (1) | 02 | 2/23/2015 | | nmon ock | 7,75 | 52 | \$0 | 7,752 | 2 | D | | | |

Explanation of Responses:

1. Granted under the issuer's 2004 Equity Incentive Plan, exercisable in four equal annual installments commencing 2/23/06.

Remarks:

Duane E. Adams, Attorney-in-Fact for David L. Mackie

02/25/2005

** 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.