FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APE | PROVAL |
|-------------|---------|
| OMB Number: | 3235-02 |

OMB Number: 3235-0287 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

| 1. Name and Address of Reporting Person* MILLER ROBERT GERALD | | | | | 2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] | | | | | | | | | eck all ap | | g Person(s) to I | ssuer Owner | |
|--|---|--|--|---------------------|---|---|---|---------------------------|------------------------------------|--------|---------------------|-------------------------------|---|---|---|--------------------------|---|--|
| (Last) (First) (Middle) 838 SW FIRST AVENUE, SUITE 210 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/05/2015 | | | | | | | | | Offi belo | cer (give title ow) | Other below | (specify |
| (Street) PORTLA | | | 97204 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Lin | e) <mark>X</mark> For For | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, or | Ben | eficia | ly Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | | Secu Bene | ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | | v | Amount (A) o | | A) or)) | Price | Trans | saction(s) : 3 and 4) | | (111501.4) |
| Common Stock | | | 05/05 | /2015 | 2015 | | A | | 1,856 ⁽¹⁾ A | | \$75.4 | 13 | 27,868 | D | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | Owned | i | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | n Date, ay/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Disp | r osed) r. 3, 4 | 6. Date E Expiratio (Month/D | on Dat | | Amor Secu Unde Deriv | rities rlying ative rity (In) | | 3. Price of Derivative Security Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Granted under the 2002 Nonemployee Director Stock Incentive Plan.

Remarks:

Paula McGee, Attorney-in-Fact for Robert G. Miller

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.