FORM 3

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

Washington, D.C. 20549

OMB APPROVAL

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 A	Address of Repo	rting Person <sup>*</sup>	2. Date of Even Requiring State (Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [ JWN ]				
(Last) 1617 SIXTH (Street) SEATTLE (City)	(First) H AVENUE WA (State)	(Middle)  98101 (Zip)			4. Relationship of Reporting Person(s) to (Check all applicable)  Director 10%  X Officer (give title Othe below)  Chief Merchandising Office		er 6.	5. If Amendment, Date of Original Filed (Month/Day/Year) 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 - Noi	n-Derivati	ve Securities Beneficially	y Owned			
1. Title of Security (Instr. 4)					eneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock					22,529	D			
Common Stock					1,985.4979			By 401(k) Plan, per Plan statement lated 8/28/2019	
		(е			Securities Beneficially ( nts, options, convertible		s)		
1. Title of Derivative Security (Instr. 4)  2. Date Exer Expiration D (Month/Day/N			ate	3. Title and Amount of Securities Underlying Derivative Security (Ins 4)		4. Conversion	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

Eunice Chung, Attorney-in-Fact for Teri Bariquit 08/30/2019

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).