FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number:

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Instruct | ion 1(b). | | | File | | | | | | | | es Exchai npany Act | | | 934 | | | liours | per re | эропэс. | 0.5 | |
|--|---|--|--|---------------------|--------------------------------------|---|---|-----|-------------|--|------|------------------------|-------|---------------|--|---|--|---|---|--|--|--|
| 1. Name and Address of Reporting Person* MACKIE DAVID L | | | | | | 2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] | | | | | | | | | | heck al | cable) or | 10% Owner | | | | |
| (Last) (First) (Middle) C/O NORDSTROM, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2007 | | | | | | | | | | | X Officer (give title Other (specification) Secretary | | | | | |
| 1700 SEVENTH AVENUE (Street) | | | | | | | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| SEATTL | | | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | | (Zip) | | <u> </u> | | | | | | | | | _ | <u> </u> | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | action | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transac Code (II 8) | tion | 4. Secur | | r 5. Amount o | | nt of es ally Following | Form (D) o | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Tr | ansact | ion(s) | | | (111341. 4) | |
| Common Stock Common Stock | | | | | | | | | | | | | | | | | 7,469 | | D | | | |
| | | | | | | | | | | | | | | | | | 2,109 | | | | By 401(k) Plan, per Plan statement dated 1/31/07 | |
| | | Т | able II - | Derivat (e.g., p | | | | | | | | | | | | 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. Deem Execution if any (Month/Da | ed Date, | d 4. Date, Transacti Code (Ins | | 5. Number of | | 6. Ex | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | | | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficial 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) | |
| | | | | | Code | v | (A) | (D) | Date Exe | te ercisable | | piration te | Title | | Amount or Number of Shares | | | | | | | |
| Employee Stock Option (right to | \$53.63 | 03/01/2007 | | | A | | 0(1) | | | (2) | 03 | /01/2017 | Comn | | 0(1) | \$ | 60 | 0 ⁽¹⁾ | | D | | |

Explanation of Responses:

1. The number of options granted effective 3/1/07 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 risk-free interest rate, volatility, dividend yield, and expected life. The formula for determining the number of options granted is: number of options granted is: number of options granted when that number has been calculated.

2. Granted under the issuer's 2004 Equity Incentive Plan, exercisable in four equal annual installments commencing on 3/1/08.

Remarks:

/s/ Duane E. Adams, Attorney-03/05/2007 in-Fact for David L. Mackie

** 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.