FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

STATEMENT	OF CHANGES IN	N BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden hours per response: 0.5

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*  Worzel Ken  (Last) (First) (Middle)  C/O NORDSTROM, INC.					2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [ JWN ]  3. Date of Earliest Transaction (Month/Day/Year) 03/04/2013							(Chec	k all applica Director	r		10% Ow Other (s	ner	
												X	Officer (give title Other (below)  Executive Vice President			below)	уреспу	
(Street)	CTH AVEN	/A	98101		4. If Amendment, Date of Original Fil 03/04/2013					Month/Day/Y	'ear)	6. Ind Line)	Form file	ed by One	p Filing (Check Applicable Reporting Person			
(City)	(S	state)	(Zip)										Form filed by More than One Reporting Person					
4	2		able I - Non	1-Deriva		ecurities		uired,	Disp				Owned 5. Amount	-4	S O	7	. Nature of	
Da Da		Date (Month/Da		Execution Date, if any (Month/Day/Year)					Acquired (A) or (D) (Instr. 3, 4 and 5)		у	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership				
							Î		v	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				nstr. 4)	
Common	Stock												6,293.75 D					
Common Stock												1,122.558		I		By 01(k) Plan, per Plan tatement ated /28/2013		
			Table II - I			curities A							wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	e V	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Employee Stock Option (right to	\$53.82	03/04/2013		A		37,853 <sup>(1)(2)</sup>		(3)		03/04/2023	Common Stock	37,853	\$0	37,85	3	D		

## **Explanation of Responses:**

- 1. This Form 4 is being amended to report the number of options granted, which was unknown at the time of the original filing on 3/4/2013, pursuant to a formula approved by the Compensation Committee.
- 2. 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 = (base pay x LTI%) / option fair value.
- 3. 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 for Ken Worzel 03/21/2013

\*\* 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.