FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL								
OMB Number:	3235-0287							

Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person* KOPPEL MICHAEL G						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]										Chec	k all appli Directo	cable) or	ng Person(s) to Iss 10% Ov Other (s		vner	
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 02/26/2010											X	Officer (give title below) Executive Vio			below)	Бреспу		
(Street)	reet)						4. If Amendment, Date of Original Filed (Month/Day/Year)											Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip)	- Davis	o tivo					.ivod	Dia		<u> </u>		a efici	برااما	Owne	<u> </u>				
1. Title of Security (Instr. 3) 2. Transc Date (Month/L				action	ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code (I 8)	ction			d (A) d	or 5. Amor 4 and Securit Benefic		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount	t (A) or (D)		Pric	е	Transac (Instr. 3	tion(s)			(111301. 4)	
Common Stock																58,895		D				
Common Stock																	5,610.339			I	By 401(k) Plan, per Plan statement dated 1/31/10	
		Т	able II -	Derivat (e.g., p													wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution if if any (Month/Day	Date,	4. Transactior Code (Instr. 8)		5. Number		6. Date Exercisal Expiration Date (Month/Day/Year				Amo Secu Und Deri	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (lir	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly O	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	te ercisable		piration ite	Title		Amour or Numbe of Shares	er						
Employee Stock Option	\$36.94	02/26/2010			A		0(1)			(2)	02	/26/2020		nmon ock	0(1)		\$0	0 ⁽¹⁾		D		

Explanation of Responses:

1. The number of options granted 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 = (base pay x LTI%) / option fair value. This Form 4 will be amended to report the 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 2/26/2011.

Remarks:

buy)

/s/ Duane E. Adams, Attorneyin-Fact for Michael G. Koppel

03/01/2010

** 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.