FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.

wasnington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0		

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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* KOPPEL MICHAEL G						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]										Officer (give title				10% C	Owner (specify	
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 03/03/2014											below) below) Executive Vice President					
(Street) SEATTL	E W	'A	98101		_ 4. li	4. 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							
(City)	(S	tate)	(Zip)																			
		Tab	le I - No	n-Deri\	/ative	Sec	curition	es A	cquir	ed, I	Dis	posed	of, o	r Be	neficia	lly C)wne	d				
Da			2. Transa Date (Month/D	2A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Disposed Code (Instr. 5)			ties Acquired (A) or I Of (D) (Instr. 3, 4 and			I Se	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
											,	Amount		(A) or (D)	Price	Tr	Transaction(s) (Instr. 3 and 4)				,iii3ii. 4)	
Common Stock 03/0			03/03	/2014	014			1	A		5,146 ⁽	(1) A \$		\$0		64,757		D				
Common Stock															6,079.83		I		By 401(k) Plan, per Plan statement dated 1/31/2014.			
		Т	able II -									osed of converti				y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dai if any (Month/Day/Yo	ed n Date,	4. Transact Code (Ins		5. Number of				rcisa Date	able and 7. 1 Am Sec Uni		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transact (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Co	Code	v	(A)	(D)	Date Exerc	isable		Expiration Date	Title		Amount or Number of Shares	ber						
Employee Stock Option (right to	\$61.21	03/03/2014			A		0(2)		(3)	0	3/03/2024	Com		0(2)	:	\$0	0 ⁽²⁾)	D		

Explanation of Responses:

- 1. Restricted stock award, vesting and exercisable in four equal annual installments commencing 3/3/2015.
- 2. 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 Bionomial 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.
- 3. Granted under the issuer's 2010 Equity Incentive Plan, exercisable in four equal installments commencing on 3/3/2015.

Remarks:

Paula McGee, Attorney-in-Fact 03/05/2014 for Michael G. Koppel

** 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.