#### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEMENT OF C
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed pursuant to S

### HANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* <u>Soffe Loretta</u>																	all appli Directo	or		son(s) to Is 10% O Other (	wner
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE					02/	3. Date of Earliest Transaction (Month/Day/Year) 02/27/2009											below)	ecutive V		below) President	
(Street) SEATTL	E W	A !	98101		_   4. Ii _	f Ame	endmen	t, Date	of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(Si		(Zip)	Dorin	entis en	ative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3)  2. Transa Date (Month/D.				action	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		<u>,</u>	3. Transactio		4. Secur	urities Acquired (A) ed Of (D) (Instr. 3,				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	t (A) or (D)		Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock																4,06		060	0		
Common Stock																1,680.225		I		By the 401(k) Plan, per Plan statement dated 1/31/09	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactior Code (Instr. 8)				6. Date Exercis Expiration Date (Month/Day/Ye				7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Security	De Se (In	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall 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)	Dai Exc	te ercisable		piration te	Title		Amount or Number of Shares						
Employee Stock Option (right to	\$13.47	02/27/2009			A		0(1)			(2)	02	/27/2019	Comr		0(1)		\$0	0 <sup>(1)</sup>		D	

#### **Explanation of Responses:**

1. The number of options granted effective 2/27/09 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 2/27/10.

# Remarks:

/s/ Duane E. Adams, Attorney-03/02/2009 in-Fact for Loretta Soffe

\*\* 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.