FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPI | ROVAL |
|---|---------------------|-----------|
| | OMB Number: | 3235-0287 |
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0.5

hours per response:

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* <u>Tritton Mark J</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|---|--|---|--------|-----------|--|--------|---------|-----|--------------------------------------|------|------------------|---|-------------------------|---|--|---|---|---|---|--|
| | (Fi RDSTROM H AVENUE | 02/ | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2010 | | | | | | | | | | X Officer (give title Other (specify below) Executive Vice President | | | | | | | | |
| (Street) SEATTLE WA 98101 (City) (State) (Zip) | | | | | _ 4. If | 4. If Amendment, 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 | | | | | |
| | | Tah | le I - Nor | -Deriv | vative | Se | curiti | <u></u> | can | uired [| Disr | nsed (| of or B | enef | icially | Owne | nl | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | saction | 2A. Deemed Execution Date, | | | e, | 3. Transac Code (Ir 8) | tion | 4. Secu | rities Acqued Of (D) (I | ired (A |) or 5. Amo 4 and Securit Benefic Owned | | int of es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | Code | v | Amount | t (A) or (D) Price | | Price | Reporte Transac (Instr. 3 | tion(s) | | | | |
| Common Stock | | | | | | | | | | | | | | | 3,596 | | | D | | | |
| | | Т | able II - I | | | | | | | | | | , or Be | | | Owned | | | | | |
| 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/Da | Date, | | Transaction Code (Instr. | | ı of | | Oate Exer piration D onth/Day/ | ate | Amount of | | of s ng e Secu | E | . Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat | te ercisable | | cpiration ate | Title | or | ount nber ires | | | | | | |
| Employee Stock Option (right to | \$36.94 | 02/26/2010 | | | A | | 0(1) | | | (2) | 02 | /26/2020 | Common Stock | 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 LT1%) / 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:

Duane E. Adams, Attorney-in-03/01/2010 Fact for Mark J. Tritton

** 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.