FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES 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* NORDSTROM PETER E						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]								(CI	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O NORDSTROM, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/17/2012									X Officer (give title Other (specify below) Executive Vice President						
1617 SIXTH AVENUE (Street) SEATTLE WA 98101					4. If	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						
(City)			(Zip)													Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date				Date	ansaction e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		(A) or 3, 4 and	Benefici	es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D) Pri		Price	Transaction(s) (Instr. 3 and 4)				(11311.4)		
Common Stock															1,82	9,312		D			
Common Stock															23,6	35.03		I	By 401(k) Plan, per Plan statement dated 1/31/2012		
Common Stock															151	,939		I	By wife		
Common Stock															349	349.238		I	By wife in 401(k) Plan, per Plan statement dated 1/31/2012		
Common Stock														22,870			I	By self as trustee for benefit of child			
		Т							uired, E s, optior						/ Owned						
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date (Month/Day/Year) if any			Date,	Transactio Code (Inst		on of		6. Date Ex Expiration (Month/Da	Date		Amou Secur Under Deriva	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	OI Ni Of	umber							
Employee Stock Option (right to buy)	\$51.14	02/17/2012			A		0 ⁽¹⁾		(2)	02	2/17/2022	Comn		0(1)	\$0	0 ⁽¹⁾		D			

Explanation of Responses:

Remarks:

^{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.

 $^{2.\} Granted\ under\ the\ issuer's\ 2010\ Equity\ Incentive\ Plan,\ exercisable\ in\ four\ equal\ annual\ installments\ commencing\ on\ 2/17/2013.$

Paula McGee, Attorney-in-Fact 02/22/2012 for Peter E. Nordstrom

** 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.