FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ONB APPRO	JVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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* NORDSTROM PETER E						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]									ck all app Direc	tor 10% C)wner		
	Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 11/07/2017									X Officer (give title Other (specify below) Co-President					
(Street) SEATTL						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						
(City)											. 0.0										
			e I - No						quired	l, Dis	sposed o										
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)				or 4 and	5. Amou Securiti Benefic Owned Reporte	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) (D)	or Pr	ice	Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common	Stock			11/07/	2017				F		1,117	D	\$	38.31	2,31	1,672	Ι)			
Common Stock													30,590.162		1]	By 401 (k) Plan, per Plan statement dated 7/31/2017.				
Common	Stock														17:	5,533]	[By wife.		
Common	Stock														42:	5.807]	I	By 401 (k) Plan, per Plan statement dated 7/31/2017.		
Common Stock															24	,530]	[By self as trustee for benefit of child.		
Common Stock															24,530]]	By self as trustee for benefit of child.		
		Ta	ble II -								osed of, convertib				wned						
1. Title of Derivative Security (Instr. 3)	e of 2. 3. Transaction Date Execution Date, ity or Exercise (Month/Day/Year) if any		4. Transac Code (II 8)	ction	5. Number		6. Date Exerc Expiration Da (Month/Day/Y		isable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Di or (I)	o. wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
Explanation	n of Respons	es:			Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amor or Numl of Share	oer							

Remarks:

Karen Ruby, Attorney-in-Fact for Peter E. Nordstrom

11/09/2017

Date

** Signature of Reporting Person

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.