FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT	OF CHANGE	ES IN BENEE	ICIAI OW	NERSHI

OMB APPROVAL									
OMB Number: 3235-028									
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* <u>LITTLE DANIEL F</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol NORDSTROM INC [ JWN ]						(Chec	Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director						
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 02/27/2009							Executive Vice President					
(Street) SEATTL	E W	/A	98101		4. If Amendment, Date of Original Filed (Month/Day/Year) 03/02/2009					Line)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)														
1. Title of Security (Instr. 3) 2. Trans Date			2. Transa Date			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			(A) or	5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock													36,5	546	D		
Common Stock												4,064	.952	I	By 401(k) Plan, per Plan statement dated 1/31/09		
			Table II - I	Derivat (e.g., pı	ive Se uts, ca	curities A	cqui	ired, D optior	ispo 1s, c	osed of, c	r Benef e securi	icially O ties)	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion Date Exect (Month/Day/Year) Frice of Derivative		4. ate, Transactio				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Owners Form: Direct (I) Or Indirect (I) (Instr	Beneficial Ownership ect (Instr. 4)		
				Cod	e V	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		Transaction (Instr. 4)	on(s)		
Employee Stock Option (right to	\$13.47	02/27/2009		A		71,297 <sup>(1)(2)</sup>		(3)		02/27/2019	Common Stock	71,297	\$0	71,29	7 D		

## **Explanation of Responses:**

- 1. 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 was 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.
- 2. This Form 4 is being amended to report the number of options granted, which was unknown at the time of the original filing on February 27, 2009, pursuant to a formula approved by the Compensation Committee.
- 3. Granted under the issuer's 2004 Equity Incentive Plan, exercisable in four equal annual installments commencing on 2/27/2010.

## Remarks:

Duane E. Adams, Attorney-in-Fact for Daniel F. Little

03/27/2009

\*\* 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.