FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT O	F CHANGES IN BI	ENFFICIAL OW	/NFRSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average b	urden							
-	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

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1. Name and Address of Reporting Person* KNIGHT KEVIN T						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]								tionship of Reporting all applicable) Director Officer (give title		Person(s) to Issuer 10% Owner Other (specif		ner
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE				02	3. Date of Earliest Transaction (Month/Day/Year) 02/27/2009								below) below) Executive Vice President					
(Street)	E W	/A	98101			If Ame 2/27/2	endment, Dat 2009	e of C	Original F	-iled (Month/Day/Y	'ear)	6. Indi Line)		ed by One led by More	Reportir	ng Person	
(City)	(S	State)	(Zip)															
		Ta	able I - Nor	า-Deriง	vati	ve Se	ecurities A	Acqı	uired,	Disp	osed of,	or Bene	eficially	Owned				
Date					2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		(A) or 3, 4 and 5)	5. Amount of 4 and 5) Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	I = ' ' ' ' ' '				(Instr. 4)
Common	Stock													31,2	220	I)	
Common Stock													18,95	2.794]	I	By 101(k) Plan, per Plan tatement lated /31/09	
			Table II -				curities A							wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Code (5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirati (Month/	on Da		of Securities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	i (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Cod	ode	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Employee Stock Option (right to	\$13.47	02/27/2009		1	A		34,121 ⁽¹⁾⁽²⁾		(3)		02/27/2019	Common Stock	34,121	\$0	34,12	1	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:

/s/ Duane E. Adams, Attorneyin-Fact for Kevin T. Knight

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.