FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	$D \subset$	205/19	
wasiiiiigitiii,	D.C.	20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

					01 36	Clion 30(11) 01	uie III	vesillell	it Coll	ipariy Act Oi	1940						
1. Name and Address of Reporting Person* KNIGHT KEVIN T				2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]							ck all applica Director	ble)	10% Own		vner		
	(F RDSTROM (TH AVEN		(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/26/2010							2	below)	Officer (give title below) Executive V		Other (s below) resident	pecify
(Street) SEATTL (City)		/A State)	98101 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 03/01/2010						6. In Line	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(0	<u> </u>		n-Deriva	tive S	Securities	Δca	uired	Dier	nosed of	or Rene	ficially	Owned				
1. Title of Security (Instr. 3) 2. Tran		2. Transa Date	Exaction 2A. Deemed Execution Date, if any		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			(A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 ar				(Instr. 4)		
Common	ommon Stock										26,7	746		D			
Common Stock												19,48	19,483.381		I	By 401(k) Plan, per Plan statement dated 1/31/10	
						curities A Ils, warraı							Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	te Execution Date	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		te	7. Title and of Securiti Underlying Derivative (Instr. 3 and	es g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transact	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	e V	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(3)		
Employee Stock Option (right to	\$36.94	02/26/2010		A		16,808 ⁽¹⁾⁽²⁾		(3)		02/26/2020	Common Stock	16,808	\$0	16,80	08	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 3/1/2010, pursuant to a formula approved by the Compensation Committee.
- $3. \ Granted \ under \ the \ issuer's \ 2004 \ Equity \ Incentive \ Plan, \ exercisable \ in \ four \ equal \ annual \ installments \ commencing \ on \ 2/26/2011.$

Remarks:

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

03/15/2010

** 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.