FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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 BLAKE W					2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Office of this title Check (considered)					wner
	(Fi RDSTROM (TH AVEN	, INC.	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/26/2010 X Officer (give title below) Presiden												sident	Other (below)	specify
(Street)			98101		4. If	If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicab Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				on	
(City)	(Si		(Zip)																
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2/ E ar) if	2A. Deemed Execution Date,		3. Transaction Code (Instr.					or	5. Amou Securitie Benefici	5. Amount of Securities Beneficially Owned Following		Direct ndirect	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	or Pri	ce	Reported Transact (Instr. 3	tion(s)	,,,		(Instr. 4)	
Common	Stock														1,62	0,779]	D	
Common	Stock														67,70	66.603		I	By 401(k) Plan, per Plan statement dated 1/31/10
Common	Stock														374	,905		I	By wife
Common	Stock														30,	,073		I	By self as trustee for benefit of child
Common	Stock														27	,929		I	By self as trustee for benefit of child
Common	Stock														11,	,974		I	By self as custodian of child
		Т	able II - I						uired, D , option						Owned				
1. Title of Derivative Security (Instr. 3)	itle of 2. 3. Transaction 3A. Deemed Execution Date, Unity or Exercise (Month/Day/Year) if any Code (Inst			ction	5. Number 6. I				ole and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		1	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Own Silly Dir Orn Orn	0. Ownership orm: Direct (D) or Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				C	ode	v	(A)	(D)	Date Exercisabl		piration te	Title	Amou or Numb of Share	er					
Employee Stock Option (right to buy)	\$36.94	02/26/2010			A		0(1)		(2)	02	/26/2020	Commor Stock	0(1)		\$0	0(1)		D	

Explanation of Responses

^{1.} The number of options granted effective 2/26/10 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 LTI%) / 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 2004 Equity Incentive Plan, exercisable in four equal annual installments commencing on 2/26/11.

Remarks:

/s/ Duane E. Adams, Attorneyin-Fact for Blake W. 03/01/2010 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.