FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 BRUCE A					2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]										elationshi eck all app Dired	,	g Pers	()		
	(Fii RDSTROM	, INC.	Middle)			ate 0		st Trans	saction (Month/Day/Year)							Offic below	er (give title w)		Other below)	(specify
(Street)			98101		4. If	Ame	endment	t, Date o	of Original	l Filed	(Month/Da	ay/Ye	ear)		Line) 【 Forn	r Joint/Group n filed by One n filed by Mor	Repo	orting Pers	on
(City)	(St	ate) (Zip)													F 613				
		Tabl	e I - No	n-Deriv	ative	Se	curitie	es Acc	quired,	Dis	posed o	f, o	r Be	enefi	ciall	y Own	ed			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ur) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)							Secur Benef Owne	Amount of ecurities eneficially wned Following		vnership :: Direct r Indirect :str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	t (A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock			12/09/2014					G	V	3,238,691		D		\$0)28,544		D		
Common Stock 12/			12/09	/2014				G	V	3,000,000		A		\$0	3,0	3,000,000		I	See ⁽¹⁾	
Common	Stock															6,9	935,360		I	See ⁽²⁾
Common	ommon Stock															1,5	555,200		I	See ⁽³⁾
Common Stock													5,5	5,501,520		I	See ⁽⁴⁾			
Common Stock 1			12/09	/2014	2014		G	V	5,000 A			\$0	2	251,776		I	By wife			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	3A. Deem Execution if any (Month/Da	n Date,	Code (Instr		on of		6. Date E Expiratio (Month/D	n Dat		Am Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		. 3 Di Si (li	Price of erivative ecurity 1str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	O Fe Di oi (I)	0. wmership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Code	v	(A)	Date Exercisa	Date E Exercisable [Title	Number of											

Explanation of Responses:

- 1. By self as trustee for my benefit under the Bruce A. Nordstrom 2014 2-Year GRAT.
- $2. \ By \ self \ as \ trustee \ for \ my \ benefit \ and \ the \ benefit \ of \ my \ children \ under \ the \ Frances \ Nordstrom \ Trust.$
- 3. By self as trustee for my benefit and the benefit of my children under the 1976 Bruce A. Nordstrom Trust.
- 4. By self as co-trustee for the benefit of my sister, Anne G. Gittinger, with respect to 5,501,520 shares in the Everett Nordstrom Trust. The amount shown does not include my nominal interest in 743,420 shares held in trust for the benefit of Susan Dunn, my niece, and for which I am a co-trustee. I am a contingent remainderman with respect to both trusts, but disclaim beneficial ownership of the securities held within these trusts. This report shall not be deemed an admission that I am the beneficial owner of the securities held within the trusts for purposes of Section 16 or for any other purpose.

Remarks:

Paula McGee, Attorney-in-Fact 12/11/2014 for Bruce A. 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.