FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burd	den								
1	hours ner 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* THOMAS GEEVY SK				2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]								(Chec	ck all applica Director	,		10% Ow	ner	
(Last) (First) (Middle) C/O NORDSTROM, INC. 1700 7TH AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 02/22/2012								X Officer (give title Other (specify below) Executive Vice President						
(Street) SEATTL	E W	/A	98101		4. If Amendment, Date of Original Filed (Month/Day/Year) 02/23/2012						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)	(S	State)	(Zip)															
			able I - Non	1					1	Dis				1	. 1		1	
Date		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, r) if any (Month/Day/Year)				4. Securitie Disposed O			5. Amount of Securities Beneficially Owned Following Reported		Form: Direct		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)				115(1.4)
Common	Stock													25,3	29)		
Common Stock											14,371.94		I	4 P P S d	oy 01(k) lan, per lan tatement ated /29/2012			
			Table II - I	Deriva (e.g., p	tive outs	e Sec s, cal	curities A	cqui 1ts,	ired, D optior	ispo 1s, c	osed of, o	r Benef e securi	icially C ties)	wned				
Derivative Conversion Date Ex Security or Exercise (Month/Day/Year) if a		3A. Deemed Execution Dat if any (Month/Day/Yo	Code (Instr.					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			9. Number derivative Securitie Beneficia Owned Following Reported	e (Castella Castella	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	de	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		Transact (Instr. 4)	ion(s)		
Employee Stock Option (right to	\$52.63	02/22/2012		A	A		16,985 ⁽¹⁾⁽²⁾		(3)		02/22/2022	Common Stock	16,985	\$0	16,98	35	D	

Explanation of Responses:

- 1. This Form 4 is being amended to report the number of options granted, which was unknown at the time of the original filing on 2/22/12, pursuant to a formula approved by the Compensation Committee.
- 2. 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.
- $3.\ Granted\ under\ the\ issuer's\ 2010\ Equity\ Incentive\ Plan,\ exercisable\ in\ four\ equal\ annual\ installments\ commencing\ on\ 2/22/2013.$

Remarks:

Paula McGee, Attorney-in-Fact for Geevy S. K. Thomas

** 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.