FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL	

OMB Number: 3235-0287 Estimated average burden 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

1. Name and Address of Reporting Person* NORDSTROM PETER E						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner V Officer (give title Other (specify					
	(Fi RDSTROM TH AVEN	I, INC.	(Middle)			Date of Earliest Transaction (Month/Day/Year) /04/2013								X	below)			below)	ppeuly
Street) SEATTLE WA 98101					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applical Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip)										_						
1 Title of S	Cocurity (Inc		ole I - No	n-Deriva 2. Transa		_	uritie A. Deen		quired,	Dis	_				5. Amou		6 Ow	nership 7	. Nature of
1. Title of Security (Instr. 3)			Date (Month/Da		r) Ex	Execution	n Date,	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		and	Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect E	ndirect eneficial wnership		
					ľ		,	Code	v	Amount	(A) or (D)	r _{Pr}	ice	Reported		, /		nstr. 4)	
Common	Stock														2,07	5,147		D	
Common	Stock														24,48	31.563		I F	By 01(k) Plan, per Plan tatement lated //28/2013
Common	Stock														156	,534		I F	By wife
Common	Stock														356	.144		I ii F	By wife in 401(k) Plan, per Plan tatement lated 1/28/2013
Common	Stock														23,	332		I f	By self as rustee for benefit of hild
Common Stock														23,332			I f	By self as rustee for benefit of hild	
		7	Гable II -												Owned				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date (Month/Day/Year) if any			ed 4	4. Transactio		on of E		6. Date Exc	Options, C Date Exercisa xpiration Date Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		rity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	or Num of Shar	ber					
Employee Stock Option (right to buy)	\$53.82	03/04/2013			A		0(1)		(2)	03	3/04/2023	Common Stock	00	1)	\$0	0(1)		D	

- 1. The number of options granted 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 2010 Equity Incentive Plan, exercisable in four equal annual installments commencing on 3/4/2014.

Remarks:

Paula McGee, Attorney-in-Fact for Peter E. Nordstrom 03/04/2013

** 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.