FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

ONID APPRO	VAL				
OMB Number:	3235-0287				
Estimated average burde	n				
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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 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)								
NORD	STROM.	PETER E			1101	tD011t01		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	J		X	Director		10% O	vner
(Last) (First) (Middle)			Date of Earliest Transaction (Month/Day/Year)					_ x	Officer (below)	give title	Other (s	specify			
C/O NORDSTROM, INC.			02/24/2015						Executive Vice President						
1617 SIX	TH AVEN	UE													
,					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable				
(Street)					02/26	5/2015					Line)	Form file	ed hy One Rei	oorting Persor	.
SEATTL	E W	/A	98101											an One Repor	- 1
(City)	(5	'toto'	(7in)									Person			9
(City)	(5	state)	(Zip)												
		Ta	able I - Non	-Deriv	ative	Securities	Acq	uired, Dis	posed of,	or Bene	eficially	Owned			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D		Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amount Securities Beneficial Owned Fo	Form (D) or	m: Direct or Indirect (Instr. 4)	7. Nature of ndirect Beneficial Ownership					
				Code V	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar	on(s) id 4)		(Instr. 4)				
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)	2. Conversion Date Drievative Security 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		Co	Transaction Derivative Code (Instr. Securities		.) or f (D)	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4)		es g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Cod	de V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	sj	
Employee Stock Option (right to	\$80.56	02/24/2015		A		42,952 ⁽¹⁾⁽²⁾		(3)	02/24/2025	Common Stock	42,952	\$0	42,952	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 2/26/2015, calculated pursuant to a formula approved by the Compensation
- 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. Exercisable in four equal installments commencing 2/24/2016.

Remarks:

<u>Paula McGee, Attorney-in-Fact</u> <u>for Peter E. Nordstrom</u>

03/25/2015

** 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.