FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIA	L 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

		Reporting Person*					Name and T				mbol		(Che	elationship of eck all applica Contractor	ible)	Person	(s) to Issu	
	(F RDSTROM (TH AVEN		(Middle)				of Earliest Tra	ansac	tion (Moi	nth/Da	ay/Year)		- ;	below)	give title ecutive V	vice Pre	Other (s below) esident	pecify
(Street) SEATTL	E W	/A	98101			4. If Amendment, Date of Original Filed (Month/Day/Year) 02/29/2008							Line	i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)	Danis				<b>A</b>		D:		D	fi a i a II	. 0				
1. Title of Security (Instr. 3) 2. T		2. Trans Date	nsaction		2A. Deemed Execution Date,		Transaction Disposed Of (D		s Acquired (A) or of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code V		Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and	on(s) nd 4)			(Instr. 4)	
Common	Stock													1,846	5,682	I	)	
Common	Stock													19,	864	1	I 1	By 401(k) Plan, per Plan statement dated 1/31/08
Common	Stock													129,	,146	]	I 1	By wife
Common Stock										260		]	I :	By wife in 401(k) Plan, per Plan statement dated 1/31/08				
			Table II - I				urities Ad							Owned				
	Title of 2.  Tivative Conversion Date Surity or Exercise (Month/Day/Year) If any Code (Institute of Exercise)			5. Number of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number derivative Securitie Beneficia Owned Following Reported	e (C s   F ally   C g (C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Co	de V		(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		Transact (Instr. 4)			
Employee Stock Option (right to buy)	\$38.02	02/28/2008		Α			48,144 <sup>(1)(2)</sup>		(3)		02/28/2018	Common Stock	48,144	\$0	48,14	14	D	

- 1. 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 was 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.
- 2. This Form 4 is being amended to report the number of options granted, which was unknown at the time of the original filing on February 29, 2008, pursuant to a formula approved by the Compensation Committee.
- $3.\ Granted\ under\ the\ issuer's\ 2004\ Equity\ Incentive\ Plan,\ exercisable\ in\ four\ equal\ annual\ installments\ commencing\ on\ 2/28/09.$

## Remarks:

Adams, Attorney-in-Fact for Peter E. Nordstrom

03/10/2008

\*\* 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.