FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

\	D	20540
Washington,	D.C.	20049

STATEMENT	OF	CHANGES	IN RENEE	ICIAI	OWNERSHIP
	\mathbf{v}				CITIENT

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* <u>Howell James A</u>						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]							(Chec	k all applica Director			10% Ow	ner	
(Last) (First) (Middle) C/O NORDSTROM, INC. 1700 SEVENTH AVENUE					02	3. Date of Earliest Transaction (Month/Day/Year) 02/27/2009								X Officer (give title Other (specify below) Vice President					
(Street) SEATTL	E W	/A	98101		4. If Amendment, Date of Original Filed (Month/Day/Year) 02/27/2009					Line)									
(City)	(S	tate)	(Zip)																
1. Title of Security (Instr. 3) 2. Trans Date				sactio			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) (Disposed Of (D) (Instr. 3, 4)			(A) or	5. Amount of Securities Beneficially Owned Following			Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Common	Stock						5,471 D					D							
Common Stock												5,297.469			I F	By H01(k) Plan, per Plan tatement lated /31/09			
			Table II - I	Deriva (e.g., p	ative outs	e Sec s, cal	curities A	cqui nts,	red, D option	ispo	sed of, o	r Benefi e securi	icially O ties)	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Code (In		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Co	Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)				
Employee Stock Option (right to	\$13.47	02/27/2009		1	A		20,220 ⁽¹⁾⁽²⁾		(3)		02/27/2019	Common Stock	20,220	\$ 0	20,22	20	D		

Explanation of Responses:

- 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 27, 2009, 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 2/27/2010.

Remarks:

Duane E. Adams, Attorney-In-Fact for James A. Howell

03/27/2009

** 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.