FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burd | en | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | | |

| | Check this box if no longer subject to | | | | | | | |
|----|--|--|--|--|--|--|--|--|
| ٦. | 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>LITTLE DANIEL F</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] | | | | | | | | | ck all app Dired | olicable) ctor | | erson(s) to Is | Owner | | |
| | Last) (First) (Middle) C/O NORDSTROM, INC. 617 SIXTH AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2015 | | | | | | | | | X Officer (give title Other (specify below) Executive Vice President | | | | | |
| (Street) SEATTL: | | | 98101 (Zip) | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - No | on-Deriv | /ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or E | Benefi | cially | y Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution Date, | | | | | Disposed C | ies Acquired (A) or Of (D) (Instr. 3, 4 an | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Pric | е | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common | Stock | | | 03/03/ | 2015 | | | | F | | 235 | D | \$7 | 9.97 | 42 | ,170 | D | | | | |
| Common Stock | | | | | | | | | | | | | | | 4,983.09 | | | I | By 401(k) Plan, per Plan statement dated 2/28/2015. | | |
| | | Та | ıble II - | | | | | | | | osed of, | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Ex (Month/Day/Year) if | Execution if any | BA. Deemed Execution Date, f any Month/Day/Year) | | 4. Transaction Code (Instr. B) | | 5. Number of | | | isable and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. De Se (In | Price of erivative ecurity estr. 5) | ve derivative Securities | Owne Form Direct or Ind (I) (In | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code V | | (D) | Date Exercis | able | Expiration Date | Title | Amour or Numbe of Shares | | | | | | | | |

Explanation of Responses:

Remarks:

Paula McGee, Attorney-in-Fact for Daniel F. Little

** 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.