FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]											all appli Directo	cable) or	ng Per	son(s) to Iss	wner		
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 02/27/2009											X Officer (give title Other (specify below) Executive Vice President						
(Street)	Street) SEATTLE WA 98101					4. If Amendment, Date of Original Filed (Month/Day/Year)											Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(SI		(Zip)	Doriv	rotivo	ative Securities Acquired, Disposed of, or Benefi											icially Owned						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transac Code (Ir 8)	tion	4. Securities Acquired (An Disposed Of (D) (Instr. 3,		ed (A) or	5. Amount of Securities Beneficially Owned Following		nt of es ally 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(s) (Instr. 3 and 4)				(Instr. 4)					
Common Stock																3,947		D					
Common Stock																	2,914.812		I		By 401(k) Plan, per Plan statement dated 1/31/09		
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 or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (i 8)		ı of		Ex	Date Exer piration I onth/Day	Date		e and 7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and		Security	Der	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat	te ercisable		oiration te	Title		Amount or Number of Shares								
Employee Stock Option (right to	\$13.47	02/27/2009			A		0(1)			(2)	02	/27/2019	Comr		0(1)		\$0	0 ⁽¹⁾		D			

Explanation of Responses:

1. The number of options granted effective 2/27/09 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 2004 Equity Incentive Plan, exercisable in four equal annual installments commencing on 2/27/10.

Remarks:

/s/ Duane E. Adams, Attorneyin-Fact for David M. Witman

** Signature of Reporting Person

03/02/2009

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.