П

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject	t to
Section 16. Form 4 or Form 5	0
obligations may continue. See	
Instruction 1(b).	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OWB APPRO	JVAL
OMB Number:	3235-0287
Estimated average burd	len
hours per response.	0.5

			2. Issuer Name and Ticker or Trading Symbol <u>NORDSTROM INC</u> [JWN ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				Director 10% Owner					
(Leet)	(Firet)		3. Date of Earliest Transaction (Month/Day/Year)	X Officer (give title Other (specify below) below)					
(Last) (First) (Middle) C/O NORDSTROM, INC.		(Midule)	10/06/2015	Executive Vice President					
1617 SIXTH	AVENUE								
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	X.7.0	00101		X Form filed by One Reporting Person					
SEATTLE	WA	98101		Form filed by More than One Reporting Person					
(City)	(State)	(Zip)							

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)	
Common Stock	10/06/2015		A		600	A	\$ <mark>0</mark>	11,531 <sup>(1)(2)</sup>	D		
Common Stock								100.86	I	By 401(k) Plan, per Plan statement dated 9/30/2015.	

## 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. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Nun Transaction Code (Instr. 8) Secur (A) or Dispo of (D) (Instr. and 5)			ative rities ired osed . 3, 4	Expiration Date (Month/Day/Year)		Expiration Date Amount of			nt of ties ying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

1. Includes 173 shares acquired on September 30, 2015 under the Employee Stock Purchase Plan.

2. Represents additional restricted stock units (RSUs) resulting from the adjustment on October 6, 2015 of outstanding unvested RSUs by a factor of 1.0708857 in connection with the special cash dividend approved by the issuer's board of directors on October 1, 2015. Adjustment of outstanding unvested RSUs was required pursuant to the terms of Nordstrom, Inc. 2010 Equity Incentive Plan. These additional RSUs are subject to the original vesting schedule in place with respect to the RSUs giving rise to the award adjustment.

**Remarks:** 

Paula McGee, Attorney-in-Fact for Brian K. Dennehy 10/08/2015

\*\* 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.