FORM 4

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

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

STATEMENT OF	CHANGES I
--------------	-----------

OMB APPROVAL OMB Number: 3235-

OMB Number: 3235-0287 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* KOPPEL MICHAEL G					2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]								k all applica Director	ble)	oorting Person(s) to Issu 10% Ov title Other (s		ner	
(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) SEATTL	E W	<i>7</i> A	98101		4. If Amendment, Date of Original Filed (Month/Day/Year) 03/02/2009						Line)	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	state)	(Zip)															
1. Title of Security (Instr. 3) 2. Trans Date				2. Transa Date	<u>_</u>					or Beneficially (s Acquired (A) or f (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							v	Amount	(A) or (D)	Price	rice Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)			
Common Stock													57,9	981		D		
Common Stock													5,458.84		I		By 401(k) Plan, per Plan statement dated 1/31/09	
						curities A Ills, warra							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 Date if any (Month/Day/Ye	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirati (Month/	ion Da		7. Title and of Securiti Underlying Derivative (Instr. 3 and	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
				Code	le V	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	U.1(3)			
Employee Stock Option (right to	\$13.47	02/27/2009		A		81,482 ⁽¹⁾⁽²⁾		(3)		02/27/2019	Common Stock	81,482	\$0 81,482		2	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:

/s/ Duane E. Adams, Attorneyin-Fact for Michael G. Koppel

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.