FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

Washington, B.G. 20043	
STATEMENT OF CHANGES IN BENEFICIAL	OWNEDSHID
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OIVID APPROVAL									
OMB Number:	3235-0287								
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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* MIDDLEMAS ROBERT J				2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (spe							
(Last) (First) (Middle) C/O NORDSTROM, INC.					3. Date of Earliest Transaction (Month/Day/Year) 03/03/2014							X	below)		below) Vice President		респу		
1617 SIXTH AVENUE					4. If Amondment, Date of Original Filed (Month/Dov/Moor)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) SEATTLE WA 98101					4. If Amendment, Date of Original Filed (Month/Day/Year) 03/05/2014						Line)	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)									Feisuli							
		Та	ble I - Non-D	erivati	ve Se	ecurities	Acq	uired,	Dis	oosed of	, or Ben	eficially	Owned						
Da				Saction 2A. Deemed Execution Date, if any (Month/Day/Year)		Date,	Code (Instr. 5)			5. Amoun Securities Beneficia Owned Fo	s Ily ollowing	Form:	Direct II Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	tion(s)		"	(1115ti. 4)		
Common Stock													18,			D			
			Table II - De (e.			curities A ls, warra							Owned	,			•		
		onversion Date Exercise (Month/Day/Year) if any (Monterivative		4. Transa Code (8)		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 derivative Securities Beneficially Owned Following Reported	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares		Transactio (Instr. 4))II(S)				
Employee Stock Option (Right to	\$61.21	03/03/2014		A		7,567 ⁽¹⁾⁽²⁾		(3)		03/03/2024	Common Stock	7,567	\$0	7,567		D			

Explanation of Responses:

- 1. This Form 4 is being amended to report the number of options granted, which was unknown at the time of the original filing on 3/3/2014, pursuant to a formula approved by the Compensation Committee.
- 2. 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.
- $3. \ Granted \ under the \ issuer's \ 2010 \ Equity \ Incentive \ Plan, \ exercisable \ in \ four \ equal \ installments \ commencing \ on \ 3/3/2015.$

Remarks:

Paula McGee, Attorney-in-Fact for Robert J. Middlemas

** Signature of Reporting Person Date

03/27/2014

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.