FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number	3235-0287								
Estimated ave	rage burden								
hours per resp	oonse: 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

Name and Address of Reporting Person* Soffe Loretta						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]											all appli Directo Officer	cable) or (give title	ng Per	rson(s) to Iss 10% Ov Other (s	vner		
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 02/28/2008											X Office (give the Other (specify below) Executive Vice President						
(Street) SEATTL	E W	'A	98101		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applic Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					n		
(City)	(S		(Zip)																				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
Date				2. Transa Date (Month/E		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transac Code (II 8)						5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
											Code V			(A) or (D)	Price	•	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock																	3,552		D				
Common Stock																750			I	By the 401(k) Plan, per Plan statement dated 1/31/08			
	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 D if any (Month/Day/	Date,	i. Transaction Code (Instr.		5. Number of		6. Date Exercisal Expiration Date (Month/Day/Year			An Se Un De		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (In	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Securities 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 Exe	te ercisable		piration ite	Title		Amount or Number of Shares								
Employee Stock Option (right to	\$38.02	02/28/2008			A		0(1)			(2)	02	/28/2018	Com Sto		0(1)		\$0	0(1)		D			

Explanation of Responses:

1. The number of options granted effective 2/28/08 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 2/28/09.

Remarks:

/s/ Duane E. Adams, Attorney-02/29/2008 in-Fact for Loretta Soffe

** 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.