SEC	Form	4
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## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Person

I	OMB Number:	3235-0287
	Estimated average burg	den
	hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEME	NT OF CHANGES IN BENEFICIAL OWNE	RSHI	P	OMB Number: Estimated ave	erage burden
Instruction 1(b).	File	d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940			hours per resp	
1. Name and Address of Reporting Person* Howell James A		2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [ JWN ]		onship of Re all applicable	eporting Persor e)	
<u>Howell Jallies A</u>				Director		10% Owner
			X Officer (giv		e title	Other (specify
(Last) (First) (N C/O NORDSTROM, INC. 1700 SEVENTH AVENUE	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/24/2015		below)	Vice Preside	below) nt
		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individ	dual or Joint	/Group Filing (/	Check Applicable
(Street)		02/26/2015	Line)		3.	
	8101		X	Form filed	by One Report	ing Person
SEATTLE WA 9	0101			Form filed	by More than C	One Reporting

(City)	(State)	(Zip)

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

······································											
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)	ction	Disposed Of (D) (Instr. 3, 4 and 5)		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)	

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. Transa Code ( 8)		Derivative		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 of derivative Securities Beneficially Owned Following Reported	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		Transaction(s) (Instr. 4)		
Employee Stock Option (right to buy)	\$80.56	02/24/2015		A		8,200 <sup>(1)(2)</sup>		(3)	02/24/2025	Common Stock	8,200	\$0	8,200	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 2/26/2015, calculated 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. Exercisable in four equal installments commencing 2/24/2016.

**Remarks:** 

#### Paula McGee, Attorney-In-Fact 03/25/2015 for James A. Howell

\*\* 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.

OMB APPROVAL