FORM 4

obligations may continue. See

Instruction 1(b).

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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* SUNDAY DELENA M					2. Issuer Name <b>and</b> Ticker or Trading Symbol NORDSTROM INC [ JWN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (cive title Check (specify)					
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 03/03/2014								X Officer (give title Other (specify below)  Executive Vice President					
(Street) SEATTL	E W	'A	98101		_   4. I1 _	f Ame	ndmen	t, Date	of Origina	l File	d (Month/E	ay/Year)			filed by O	ne Rep	g (Check A porting Pers In One Rep	on
(City)	(S		(Zip)															
		Tab	le I - No	n-Deriv	vative	Sec	curiti	es Ac	quired	Dis	sposed	of, or B	enefici	ally Owne	d			
1. Title of Security (Instr. 3)  2. Trans Date (Month/I				Executio		n Date,	Transaction Dispose Code (Instr. 5)		Disposed	ities Acquired (A) or d Of (D) (Instr. 3, 4 ar				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		. Nature of ndirect Beneficial Ownership Instr. 4)		
									Code	v	Amount	(A) o	Price	Transac (Instr. 3	tion(s)			1115(1.4)
Common Stock 03/03/2			3/2014	014		A		2,818	(1) A \$		36,0	36,072(2)		D				
Common Stock											7,33	7,336.08		I I S	By 401(k) Plan, per Plan tatement lated /31/2014.			
		Т	able II -								osed of converti			ly Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date Execution I if any (Month/Day/Year)	Date, Transacti Code (Ins			tion of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	re es ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to	\$61.21	03/03/2014			A		0(3)		(4)	C	03/03/2024	Common Stock	0(3)	\$0 <sup>(3)</sup>	0		D	

## **Explanation of Responses:**

- 1. Restricted stock award, vesting and exercisable in four equal annual installments commencing 3/3/2015.
- 2. Includes 226 shares acquired on September 30, 2013.
- 3. The number of options granted 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 Bionomial 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
- $4. \ Granted \ under the \ issuer's \ 2010 \ Equity \ Incentive \ Plan, \ exercisable \ in four \ equal \ installments \ commencing \ on \ 3/3/2015.$

## Remarks:

Paula McGee, Attorney-in-Fact 03/05/2014 for Delena M. Sunday

\*\* 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.