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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

I

1. Name and Addres FINN LINDA	s of Reporting Person [*] \underline{T}		2. Issuer Name and Ticker or Trading Symbol <u>NORDSTROM INC</u> [JWN]		ionship of Reporting Persor all applicable) Director Officer (give title	n(s) to Issuer 10% Owner Other (specify
(Last) C/O NORDSTR(1617 SIXTH AV	,	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/28/2008	Χ	below) Executive Vice Pr	below)
(Street) SEATTLE	WA (State)	98101 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year) 02/29/2008	6. Indivi Line) X	dual or Joint/Group Filing ((Form filed by One Report Form filed by More than C Person	ing Person

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. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock								33,841	D	
Common Stock								6,490	I	By 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)

(13) (11) (11) (11) (11) (11) (11)															
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)		5. Number o Derivative Securities Acquired (A Disposed of (Instr. 3, 4 au 5)) or i (D)	Expiration Da	(Month/Day/Year) Underlying		Derivative derivative Security Securities (Instr. 5) Beneficially Owned Following Reported		Ownership Form: Direct (D)	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)	\$38.02	02/28/2008		A		14,475 ⁽¹⁾⁽²⁾		(3)	02/28/2018	Common Stock	14,475	\$0	14,475	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 29, 2008, 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 2/28/09.

Remarks:

/s/ Duane E. Adams, Attorney-
in-Fact for Linda Toschi Finn

03/10/2008

Date

** Signature of Reporting Person

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.