FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	JAVC							
OMB Number:	3235-0287							
Estimated average burden								
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

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1. Name and Address of Reporting Person*  RICHARDSON R MICHAEL						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [ JWN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KICHA	KDSUN	K MICHAEL	<u>L</u>		1											Direc	ctor	10%	Owner	
					3 D	2. Date of Farliant Transaction (Month/Day/Vee)									X	Office belov	er (give title v)	Othe belo	er (specify w)	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 11/19/2012										Exe	cutive Vice	President -	CIO	
C/O NORDSTROM, INC.					11/	11/13/2012										Lite	cutive vice	resident	CIO	
1617 SIXTH AVENUE																				
101/ SIATH AVENUE					4 16	4. If Amandment, Date of Original Filed (Month/D-::0/)								-	C. Individual or Inint/Croup Filing (Charles - 1:					
					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X	Eorn	n filed by One	Reporting Pe	reon	
SEATTL	E W	A 9	8101												Λ		•			
																Form Pers		e than One R	eporting	
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(City)	(St	ate) (2	Zip)																	
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		Idbi	e i - Non	i-Deliv	alive	Sec	uritie	S ACC	luireu,	, טוס	posed o	i, oi	і Беі	enci	ally v	OWITE	;u 			
1. Title of S	Security (Inst	r. 3)		2. Transa	ction					3. 4. Securities Acquired (A)								6. Ownership	7. Nature	
				Date (Month/D	av/Vaa	Execution Date, y/Year) if any			Transaction Disposed Of (D) (Ins			) (Instr.	3, 4 an	d 5)			Form: Direct (D) or Indirec	of Indirect Beneficial		
("				(Month/Day/Year)			(Month/Day/Year)		Code (Instr. 8)				Owne			(I) (Instr. 4)	Ownership			
					Ι`				<del>                                      </del>			(4) ==			Repor				(Instr. 4)	
						Code	۱v	Amount	6	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)							
						2040				0.050			<b>A</b> -0	100		0.40=				
Common Stock 11/19/2					2012			S		3,250		D	\$56.188		3	0,197	D			
		To	ble II D	)orivoti	ivo 6	00111	ition	A 0 0 1 1	irod D	ione	sed of,	or D	) on of	ioiall	· · ·	vin o d				
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			(6	e.g., pu	มเร, เ	alis,	warr	anıs,	optioi	15, 0	onvertib	16 2	ecur	illes)						
1. Title of	2.	3. Transaction	3A. Deeme		4.				6. Date Exercisable and			7. Title and			8. Price o		9. Number o	of 10. Ownership Form:	11. Nature	
Derivative Security	Conversion or Exercise Price of	Date (Month/Day/Year)	Execution if any (Month/Day	′   Co		ransaction Code (Instr. B)				Expiration Dat (Month/Day/Ye		Amount of Securities				ivative urity	derivative Securities		of Indirect Beneficial	
(Instr. 3)					8)					(Month/Day/Year)			Underlying		(Instr. 5)		Beneficially	Direct (D)	Ownership	
	Derivative			, , , ,				ired	Derivative				.   ` '		Owned	or Indirec				
Security						(A) or Disposed of (D)		Security (In: and 4)			nstr. 3			Following Reported	(I) (Instr. 4	•)				
											.u 4,				Transaction	(s)				
							(Instr. 3, 4									(Instr. 4)				
			L			and 5)				<del></del>										
														nount				- 1		
								1 1					or Nu	mber			1	- 1		
								Date		Expiration		of								
				- 1	Code	٧	(A)	(D)	Exercisa	able	Date	Title	e  Sh	ares				- 1		

**Explanation of Responses:** 

Remarks:

Paula McGee, Attorney-in-Fact for R. Michael Richardson 11/20/2012

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.