FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C	C. 20549
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C IN DENETICIAL OWNEDCHID	OMB Number:	3235-0287				

Estimated average burden

hours per response:

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

					0		tion 30(h) of t											
Name and Address of Reporting Person* <u>Witman David M</u>				2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]									ck all applica Director	ationship of Reportink all applicable) Director Officer (give title		10% O	Owner (specify /)	
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 03/03/2014									below)		below, e Vice President			
(Street) SEATTLE WA 98101				4. If Amendment, Date of Original Filed (Month/Day/Year) 03/05/2014								Line	dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(3	tate) Ta	(Zip)	n-Deriv	/ativ	/e S	ecurities /	mo A	uired.	Dis	nosed of	or Ben	eficially	, Owned				
1. Title of Security (Instr. 3) 2. T			2. Transaction Date (Month/Day/Year)		n	2A. Deemed Execution Date, if any (Month/Day/Year)	ite,	3. 4. Securiti Transaction Disposed Code (Instr. 5)		4. Securities Disposed O	s Acquired	(A) or	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	msu. 4)						
Common	Stock													11,739		I	D	
Common Stock												4,026.85			I [1	By 401(k) Plan, per Plan Statement dated 3/10/2014.		
							curities Ad Is, warrar							Owned				
1. Title of Derivative Security (Instr. 3)	Conversion Date Exec or Exercise (Month/Day/Year) if an		3A. Deemed Execution D if any (Month/Day/	Date, Transaction Code (Instr.					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an Amount o Securities Underlyin Derivative (Instr. 3 an	f s g Security nd 4)	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficia Owned Following Reported Transacti	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
	I	I	I	- 1	- 1		1 1		l				Amount	1	(Instr. 4)	۱ ا		1

Code (A)

03/03/2014

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 3/5/2014, 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 LT1%) / option fair value.

Date

Exercisable

(3)

(D)

9,999(1)(2)

3. Granted under the issuer's 2010 Equity Incentive Plan, exercisable in four equal installments commencing on 3/3/2015.

Remarks:

Employee Stock

(right to buy)

\$61.21

/s/ Paula McGee, Attorney-in-Fact for David M. Witman

Amount Number

of Shares

9,999

\$<mark>0</mark>

Expiration Date

03/03/2024

Title

Stock

03/27/2014

9,999

D

** 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).

Α

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.