FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL |
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| OMB Number: | 3235-0287 |
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| Estimated average bur | 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 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

| 1. Name and Address of Reporting Person* Myers Margaret | | | | | 2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] | | | | | | | | | ck all applic Directo | , | | on(s) to Issu 10% Ow Other (s | ner | |
|--|--|--|---|--|--|---|------------|------------------------------|------------------------------------|--------|--------------------|---|--|--------------------------|---|--|-------------------------------------|--|--|
| | (Fi RDSTROM TTH AVEN | , INC. | (Middle) | | 03 | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2009 | | | | | | | | X | below) | ecutive V | below) Vice President | | |
| (Street) SEATTL (City) | | tate) | 98101 (Zip) | | _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Deriv. 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | saction | Execution Date, | | | 3. Transa Code (| ction | 4. Securit Disposed 5) | ies Acqui | red (A |) or | or 5. Amount Securities Beneficial Owned Fo | | Form: | Direct Indirect Etr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | rice | Reported Transaction(s (Instr. 3 and 4) | | | - 1 | Instr. 4) |
| Common Stock | | | | | | | | | | | | | | 15, | 15,400 | | D | | |
| Common Stock | | | | | | | | | | | | | | 5,635.551 | | I | | By H01(k) Plan, per Plan tatement lated | |
| | 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) | | Code (Instr. | | Derivative | | 6. Date E Expiratio (Month/D | n Date | e | Amount Securiti Underly Derivati | Title and mount of ecurities nderlying erivative Secur nstr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nu of | nount mber ares | | Transacti (Instr. 4) | on(s) | | |
| Stock Units | (1) | 03/16/2009 | | | A | 36.17 ⁽²⁾ | | (3) | (3) | | Common Stock | 30 | 5.17 | \$15.03 | 230.01 | | D | | |

Explanation of Responses:

- 1. 1 for 1
- 2. Stock unit dividend paid on performance share units that were deferred at the election of the reporting person under the Executive Deferred Compensation Plan.
- 3. The stock units are convertible into the issuer's common stock and payable upon the occurence of certain events, including the reporting person's retirement from the issuer.

Remarks:

<u>Duane E. Adams, Attorney-in-</u> <u>Fact for Margaret Myers</u>

03/17/2009

** 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.