FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO)VAL				
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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

1. Name ar	2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]									(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Offices (six a title Check (specific title Check (spec								
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 02/28/2008										X Officer (give title below) President Other (specify below)				
(Street)	E W		4. If Amendment, Date of Original Filed (Month/Day/Year)											filed by On	rting Perso	n			
(City)	(S	tate)																	
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year		ar) i	2A. Deemed Execution Date,		3. Transaction Code (Instr.					A) or	5. Amou Securiti Benefici Owned	int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A)	or F	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common	Stock														1,62	23,008		D	
Common	Stock														62	,072		I	By 401(k) Plan, per Plan statement dated 1/31/08
Common	Stock														371	1,214		I	By wife
Common	Stock														26	,382		I	By self as trustee for benefit of child
Common Stock															24	24,238		I	By self as trustee for benefit of child
Common Stock														11,974			I	By self as custodian of child	
		Т	able II - I						uired, D						Owned			,	
1. Title of Derivative Security (Instr. 3)	tle of 2. 3. Transaction 3A. Deemed Execution Date, urity or Exercise (Month/Day/Year) if any		ed 4 Date, 1	4. Transaction Code (Instr. 8)		5. Number 6.		6. Date Exe	. Date Exercisa xpiration 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 derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i i ily i	LO. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				C	Code	v	(A)	(D)	Date Exercisable		piration ate	Title	or	ount mber ires					
Employee Stock Option (right to buy)	\$38.02	02/28/2008			A		0(1)		(2)	02	/28/2018	Common Stock	0	(1)	\$0	0(1)		D	

Explanation of Responses:

^{1.} The number of options granted effective 2/28/08 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 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 LTI%) / option fair value. This Form 4 will be amended to report the number of options granted when that number has been calculated.

 $2. \ Granted \ under the \ issuer's \ 2004 \ Equity \ Incentive \ Plan, exercisable \ in \ four \ equal \ annual \ installments \ commencing \ on \ 2/28/09.$

Remarks:

/s/ Duane E. Adams, Attorneyin-Fact for Blake W. 02/29/2008 Nordstrom

** 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.