FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

1	OIVIB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burde	n							
	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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>CAMPBELL ROBERT ERNST</u>					2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [ JWN ]								ck all applica Director	ble)	erson(s) to Issu 10% O	vner
(Last)	(F RDSTROM	First)		3. Date of Earliest Transaction (Month/Day/Year) 02/26/2010						X	below)		Other ( below) nd Treasure	·		
1700 7TH AVENUE					If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind	6. Individual or Joint/Group Filing (Check Applicable				
(Street) SEATTLE WA 98101					03/01/2010							Line)	e)			
(City)	(9	State)	(Zip)		reisuil											
		Ta	able I - Non-	Derivat	ive S	ecurities .	Acq	uired,	Disp	osed of,	or Bene	eficially	Owned			
Date					h/Day/Year) if any		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed C		ies Acquired (A) or Of (D) (Instr. 3, 4 and		Beneficial Owned Fo	Form (D) o	Ownership orm: Direct ) or Indirect (Instr. 4)	7. Nature of ndirect Beneficial Dwnership
								Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 ar			(Instr. 4)
Common Stock							10,20		206	D						
			Table II - D (e			curities A							wned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) if	3A. Deemed Execution Date if any (Month/Day/Yea	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	(S)	
Employee Stock Option (right to buy)	\$36.94	02/26/2010		A		10,659 <sup>(1)(2)</sup>		(3)		02/26/2020	Common Stock	10,659	\$0	10,659	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 3/1/2010, 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 2/26/2011.

## Remarks:

<u>Duane E. Adams, Attorney-in-</u> <u>Fact for Robert E. Campbell</u>

03/15/2010

\*\* 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.