FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

washington, D.C. 205

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		

OMB Number: 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

																						_		
1. Name and Address of Reporting Person* <u>Witman David M</u>						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]										Check	all applicable) Director		ing Person(s) to Issu 10% Ow		Owner			
	(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 03/03/2014											X Officer (give title Other (specify below) Executive Vice President						
(Street) SEATTL			98101		. 4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) Y Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(5		(Zip)	n Daris	tiv.					inad	Die	nasada		Da	nofici	مالي	0	<u> </u>				4		
1. Title of Security (Instr. 3) 2. Tra			2. Transa	ction	z/ E:	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Fransac Code (II	ction	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)				r 5. Amour		t of S Ily ollowing	Form:	Direct Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
											V	Amount		(A) or (D)	Price	- 1.	Transaction(s) (Instr. 3 and 4)				(111301. 4)			
Common Stock 03/03/2				/2014					Α		1,304((1)	A	\$()	11,7	739		D					
Common Stock																	3,974	4.34			By 401(k Plan, per Plan Statemen dated 1/31/201	ıt		
		Т	able II -									osed of converti					wned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	ned n Date,	4. Transa Code (8)	ction	5. Number of		6. D Exp		ercisa Date	ble and 7. 1 Am r) Sec Un		7. Title and Amount of Securities Underlying Derivative Securii Instr. 3 and 4)		8. De Se (In	Price of rivative curity str. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4)	tive ties cially I ing ed ction(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Benefic Owners t (Instr. 4	ect ial hip		
					Code	v	(A)	(D)	Date Exe	e ercisabl		xpiration ate	Title	e	Amount or Number of Shares	r								
Employee Stock Option (right to	\$61.21	03/03/2014			A		0(2)			(3)	0	3/03/2024		nmon tock	0(2)		\$0	0(2))	D				

Explanation of Responses:

- 1. Restricted stock award, vesting and exercisable in four equal annual installments commencing 3/3/2015.
- 2. The number of options granted 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 Bionomial 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 granted when that number of options granted when the number has been calculated.
- 3. Granted under the issuer's 2010 Equity Incentive Plan, exercisable in four equal installments commencing on 3/3/2015.

Remarks:

/s/ Paula McGee, Attorney-in-03/05/2014 Fact for David M. Witman

** 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.