FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
l	OMB Number:	3235-028									

87 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* LITTLE DANIEL F (Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE					3. E 03/	Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] Date of Earliest Transaction (Month/Day/Year) 03/03/2014 4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President 6. Individual or Joint/Group Filing (Check Applicable)					
(Street) SEATTL (City)			98101 (Zip)		-			,,						ne) X Form	filed by O	ne Rep	orting Pers	on	
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					action	tion 2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Secur Transaction Dispose Code (Instr. 5)		4. Securit	rities Acquired (A) or d Of (D) (Instr. 3, 4 ar		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	(D)		(Instr. 3 a	Transaction(s) (Instr. 3 and 4)				
Common Stock 03/03/2							.014		A		3,4300	1) A	\$0	42,	42,213		D		
Common Stock													4,83	4,834.65		I	By 401(k) Plan, per Plan statement dated 1/31/2014.		
		Т	able II -								osed of converti			y Owned				·	
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)		4. Transacti Code (Ins 8)		on of		6. Date E. Expiratio (Month/D	n Date	•	and 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to	\$61.21	03/03/2014			A	A			(3)	(03/03/2024	Common Stock	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 = (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.
- 3. Granted under the issuer's 2010 Equity Incentive Plan, exercisable in four equal installments commencing on 3/3/2015.

Remarks:

Paula McGee, Attorney-in-Fact 03/05/2014 for Daniel F. Little

** 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.