FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* KOPPEL MICHAEL G					2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]										heck	all appli Directo	tor		rson(s) to Iss 10% O Other (wner		
(Last) (First) (Middle) C/O NORDSTROM, INC.					3. Date of Earliest Transaction (Month/Day/Year) 02/28/2008												Officer (give title below) Executive Vic		√ice l	below)	specify	
(Street) SEATTL		/A	98101		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip) le I - Nor	n-Deriv	ative	e Se	curiti	es A	car	uired.	Dist	osed (of. o	r Bei	neficia	llv C	Owned	<u> </u>				
1. Title of Security (Instr. 3)			2. Trans	2. Transaction		2A. Deemed Execution Date		3. Transaction		ction	4. Secur	rities Acquired (A) ed Of (D) (Instr. 3,		d (A) or	or 5. Amo Securing Benefic		unt of ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	:	(A) or (D)	Price	Reporte Transa (Instr. 3		tion(s)			(Instr. 4)		
Common Stock																	52,	,437		D		
Common Stock																5,313			I	By 401(k) Plan, per Plan statement dated 1/31/08.		
		Т	able II - I									sed of onverti				y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactio Code (Inst 8)		of Deriv	r osed) r. 3, 4	6. Date Exercisa Expiration Date (Month/Day/Year				Amo Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Der Sec	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Da Ex	ite ercisable		piration ite	Title		Amount or Number of Shares							
Employee Stock Option (right to buy)	\$38.02	02/28/2008			A		0 ⁽¹⁾			(2)	02	/28/2018	Com		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 Michael G. Koppel

02/29/2008

** 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.