FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL

OMB Number: 3235-0287

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* NORDSTROM ERIK B				2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				Owner				
	3. Date of Earliest Transaction (Month/Day/Year) 0 NORDSTROM, INC. 0 SIXTH AVENUE											X	Officer (give title Other (specify below) Executive Vice President						
(Street)			98101		4. If Amendment, Date of Original Filed (Month/Day/Year) 09/20/2007									Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(St	ate)	(Zip)										Check all applicable X						
		Tal	ole I - No	n-Deriv	ative S	Securities Acq	uired	, Dis	posed of,	or Ber	efic	ially	Owne	ed					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)				red (A) or str. 3, 4 and		Securities Beneficially Owned Following		Form: Direct (D) or Indirect	Indirect Beneficial Ownership				
					Code	v	Amount	(A) or (D)	Pric	e	Transaction(s)			(msu. 4)					
Common	Stock			09/19/	2007		S		1,500	D	\$5	2.08	1,9	08,057	D				
Common	Stock			09/19/	2007		S		700	D	\$5	2.09	1,9	07,357	D				
Common	Stock			09/19/	2007		S		300	D	\$5	52.1	1,9	07,057	D				
Common	Stock			09/19/	2007		S		900	D	\$5	2.11	1,9	06,157	D				
Common	Stock			09/19/	2007		S		400	D	\$5	2.12	1,9	05,757	D				
Common	Stock			09/19/	2007		S		400	D	\$5	2.15	1,9	05,357	D				
Common	Stock			09/19/	2007		S		500	D	\$5	2.28	1,90	4,857(1)(2)	D				
Common	Stock												1	6,223	I	401(k) Plan, per Plan statement dated			
Common	Stock												3	5,609	I	By wife			
Common	Stock												2	5,757	I	as trustee for benefit			
Common	Stock												2	1,565	I	as trustee for benefit			
Common Stock												17,493		I	as trustee for benefit				
		1				curities Acqui Ils, warrants,							wned						
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction Date Execution ty or Exercise (Month/Day/Year)		ned 4. In Date, Transact Code (In		5. Number ion of		Exercison Dat	able and 7. Title and Amount of		8. P Der Sec (Ins	ivative curity	derivative Securities Beneficially Owned Following Reported Transaction(Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership					

		Та	ble II - Deriv (e.g.,					ired, Disp options,	onvertik	le sec	ı or	y Owned			
1. Title of	2. Conversion	3. Transaction	3A. Deemed	4.ode	V	6A)Nu	m (150e) r	Expiration D		7itletle	a@silodares	8. Price of	9. Number of	10. Ownership	11. Nature
Eseptantation (Instr. 3)	of Elespisas	e (Month/Day/Year) Form 4 were made p	Execution Date, if any (Month/Day/Yea ursuant to a 1005-1	Code	(Instr.	Deriv		(Month/Day/\		Securi Underl	ties ying	Security (Instr. 5)	Securities Beneficially	Form: Direct (D) or Indirect	Beneficial Ownership . (Instr. 4)
2. Due to the	S Seculrity it of 3	0 lines per table, this					rting pe		ransactions th		ty:13/(tmsftr/13/	17.	Following Reported	(I) (Instr. 4)	. (1115ti. 4) I
Remarks	!					of (D)	1			,			Transaction(s)		
						and 5)					Attorney-i	in- 12/06/200	l)7	
				\vdash	Fact for Erik B. Nordstrom ** \$ignature of Beacording Person								Date	Ī	
Reminder: F	eport on a se	parate line for eacl	class of securiti	es benef	icially o	vned d	irectly	or indirectly.		gigi latul	or Number	ing reison	Date		
		e than one reporting ts or omissions of					n(P)se	Date Exercisable	Expiration		of				

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.