FORM 4

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

STATEMENT	OF CHANGES	IN RENEFICIAL	OWNERSHI

OMB APPROVAL								
OMB Number:	3235-0287							
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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

Name and Address of Reporting Person*     Smith Tricia D				2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [ JWN ]								(Ched	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify)					
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 03/04/2013								X	- X Officer (give title Other (specify below)  Executive Vice President					
(Street) SEATTL		/A	98101		4. If Amendment, Date of Original Filed (Month/Day/Year) 03/04/2013						Line)	G. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)															
1. Title of Security (Instr. 3)  2. Tra		2. Transa Date	saction //Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities		or Beneficially s Acquired (A) or of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
								Code	ode V Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock														54	1	]	D	
Common Stock												104.929		I		By H01(k) Plan, per Plan tatement dated 2/28/2013		
			Table II -				curities A ls, warrai							wned				
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Da	4. Transaction Code (Instr.		5. Number of Derivative		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	e s ully	Ownership of Form: Be Direct (D) Ov	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Cod	de \	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Employee Stock Option (right to	\$53.82	03/04/2013		А	A		15,539 <sup>(1)(2)</sup>		(3)		03/04/2023	Common Stock	15,539	\$0	15,53	9	D	

## **Explanation of Responses:**

- 1. This Form 4 is being amended to report the number of options granted, which was unknown at the time of the original filing on 3/4/2013, pursuant to a formula approved by the Compensation Committee.
- 2. 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  $\hat{L}TI\%$ ) / option fair value.
- 3. Granted under the issuer's 2010 Equity Incentive Plan, exercisable in four equal annual installments commencing on 3/4/2014.

## Remarks:

Paula McGee, Attorney-in-Fact for Tricia D. Smith

\*\* Signature of Reporting Person

Date

03/21/2013

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.