FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL						
OMB Number:	3235-0104						
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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*  Tritton Mark J  2. Date of Event Requiring Statement (Month/Day/Year) 08/18/2009			nent	3. Issuer Name <b>and</b> Ticker or Trading Symbol NORDSTROM INC [ JWN ]							
(Last) C/O NORDS	(First)	(Middle)				tionship of Reporting Perso all applicable) Director	10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
1617 SIXTH AVENUE				X	Officer (give title below)	Other (spe	ecify	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) SEATTLE	WA	98101				Executive Vice Pr	esident		X		y One Reporting Person y More than One erson
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						int of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable at Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	)	Amount or Number of Shares	Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)	

**Explanation of Responses:** 

Remarks:

<u>Duane E. Adams, Attorney-in-</u> <u>Fact for Mark J. Tritton</u>

08/19/2009

\*\* 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 5 (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.