FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB APPROVAL | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | |
| 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

| Name and Address of Reporting Person* Deputy Christine | | | | 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% Owne Officer (give title Other (spe | | | | | |
|--|-------------------------------------|--------------|-----------------|--|---|---|-------------|---|--|--|---|--|---|--|---|
| (Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/24/2015 | | | | | X | X below) below) Executive Vice President | | | | |
| (Street) SEATTL (City) | | 7A state) | 98101 (Zip) | | 8/26/2 | 2015 | | Original Filed | . , | ŕ | Line) X | Form file Form file Person | int/Group Filined by One Reped by More tha | orting Persor | ı |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | ransacti e | action 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) (Disposed Of (D) (Instr. 3, 4) | | (A) or 3, 4 and 5) | or 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) | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | or Exercise (Month/Day/Year) if any | | Execution Date, | | Transaction Derivative Securities | |) or (D) | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4 | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s (Instr. 4) | 5) | |
| Employee Stock Option (right to buy) | \$72.11 | 08/24/2015 | | A | | 18,764 ⁽¹⁾⁽²⁾ | | (3) | 08/24/2025 | Common Stock | 18,764 | \$0 | 18,764 | D | |

Explanation of Responses:

- 1. This Form 4 is being amended to report the number of options granted, calculated pursuant to a formula approved by the Compensation Committee. The number was unknown at the time of the original filing on 8/26/2015
- 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 is 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.
- 3. Exercisable in four equal annual installments commencing 8/24/2016.

Remarks:

<u>Paula McGee, Attorney-in-Fact</u> <u>for Christine Deputy</u>

09/14/2015

** 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.