FORM 4

UNIT

Washing

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ton, D.C. 20549	OMB APPROV

/AL 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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*					2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
TILDE	N BRAD	LEY D		1	<u>vok</u>	DSTRU.	IVI II	<u>мС</u> [1,	WN	J			✓ Director	,		10% Ow	ner	
				—									 Officer	(give title		Other (sp	pecify	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/18/2024								below) below)					
C/O NORDSTROM, INC.					2/10/2	2024												
1617 SIXTH AVENUE																		
				4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														led by One	Repo	rting Person		
SEATTL	E W	'A	98101											led by More	than	One Report	ing	
-													Persor	ı				
(City)	(S	tate)	(Zip)															
		То	ble I - Non	Dorivati	vo 84	ourition	Λ.ο.ο	uirod	Dic	nocod of	or Por	oficial	ly Owned					
					-				פוט	-			-					
1. Title of Security (Instr. 3) 2. Transa				2. Transacti Date	Execution Date, Transaction Disp				es Acquire Of (D) (Inst		5. Amour Securitie				. Nature of ndirect			
(Month/Da								Code (Instr. 5)				Beneficia Owned F				Beneficial Ownership		
						` .	•	H			(A) or	T	Reported Transact	ı <u> </u>	.,.		Instr. 4)	
								Code	v	Amount	(A) or (D)	Price	(Instr. 3 a					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
(e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number of		6. Date Exercisable and 7. Title and An								10.	Beneficial	
Derivative Security	Conversion or Exercise		Execution Date	ite, Transaction							of Securit Underlyin	g	Derivative Security			Ownership Form:		
(Instr. 3) Price of (Month/Day/Year) 8					Acquired (A) Derivative Sec							(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
Security					of (D) (Instr. 3, 4 and 5)			, , ,			,		Following Reported		(I) (Instr. 4)	` ′		
			7 4114 67			 			Amount	-	Transaction(s)							
												or		(111301.4)				
					 		_	Date		Expiration	 	Number of						
				Code	V	(A)	(D)	Exercisa	ble	Date	Title	Shares	1					
Stock Units	(1)	12/18/2024		J	V	129.45 ⁽²⁾		(3)		(3)	Common Stock	129.45	\$22.89	15,724.6	66	D		

Explanation of Responses:

- 1. 1 for 1
- 2. Stock unit dividend credited on share units that were deferred at the election of the reporting person under the Director's Deferred Compensation Plan.
- 3. The stock units are convertible into issuer's common stock and payable upon the occurrence of certain events, including the reporting person's retirement from the issuer's Board of Directors.

Remarks:

Brian B. DeFoe, Attorney-in-Fact for Bradley D. Tilden

12/20/2024

** 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.