FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
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* Myers Margaret				2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]							(Che	ck all applica Director	r		10% Ov	vner	
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617SIXTH 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	E V	VΑ	98101		4. If Am 03/04/2	endment, Da 2013	te of C	Original	Filed ((Month/Day/\	/ear)	6. Inc Line)		ed by One	e Repor	(Check App rting Person One Report	.
(City)	(5	State)	(Zip)														
		Ta	able I - Non	-Deriva	tive S	ecurities	Acq	uired,	Dis	posed of,	or Bene	eficially	Owned				
1. Title of Security (Instr. 3)		2. Transac Date (Month/Da	Execution Date,		ate,	Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
					Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock												16,278 D		D		
Common Stock												6,610.031		I I S		By 401(k) Plan, per Plan statement dated 2/28/2013	
			Table II - I			curities A Ils, warraı							Owned				
Security or Exercise (Instr. 3) Price of	Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Code	saction e (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 derivative Securities Beneficiall Owned Following Reported Transactio	ve es ally ng d	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	e V	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Employee Stock Option (right to	\$53.82	03/04/2013		A		17,787 ⁽¹⁾⁽²⁾		(3)		03/04/2023	Common Stock	17,787	\$0	17,7	87	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:

/s/ Paula McGee, Attorney-in-Fact for Margaret Myers

03/21/2013

** 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.