SEC Form 4	
------------	--

П

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL					
MB Number	3235-028				

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
or Section 30(h) of the Investment Company Act of 1940

				or sec	tion 30(n) of the in	vesuner	IL CON	ipany Act of 1	940							
	ress of Reporting P RADLEY D	erson*				Ind Ticker or Trading Symbol <u>OM INC</u> [JWN]				(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			- F							X	Director	10% C	Dwner			
(Last)	(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/13/2023							Officer (give title below)	Other below	(specify)			
C/O NORDST	ROM, INC.		E E	/ If ∆m	endment Date of (Driginal	Eilod ((Month/Day/Ve	ar)	6 Indi	vidual or loint/Grour	Eiling (Check A	nnlicahle			
1617 SIXTH /	WENLIE		[4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
1017 511111	IT LITTEL									X	X Form filed by One Reporting Person					
(Street) SEATTLE	WA	98101									Form filed by Mo Person	re than One Rep	orting			
SEATTLE	VVA	90101	E E		1065 1(-) 7		4:		+:	1						
(City)	(State)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Table I - No	n-Derivat	tive S	ecurities Acqu	uired,	Disp	oosed of, o	r Ben	eficially	Owned					
Date		2. Transact Date (Month/Day		3. Transaction Code (Instr. 8)					5. Amount of Securities 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)			
		Tabla II	Davivativ			rod D			Davad	i a i a llur O		,	,			

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number Derivative Securities Acquired or Disposi of (D) (Ins 4 and 5)	(A) ed	6. Date Exercisable and Expiration Date (Month/Day/Year)		piration Date of Securities onth/Day/Year) Underlying		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)		
Stock Units	(1)	09/13/2023		J	v	194.28 ⁽²⁾		(3)	(3)	Common Stock	194.28	\$14.5	15,021.22	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.

Brian B. DeFoe, Attorney-in-	00/15/2022
Fact for Bradley D. Tilden	<u>09/15/2023</u>

** Signature of Reporting Person D

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.