FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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 S	Section	on 30(h) of the	inve	estment	Com	pany Act	of 19	40							
1. Name and Address of Reporting Person * $\overline{FINN\ LINDA\ T}$					2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]											all applic	onship of Reporting Person(s) to Issue Il applicable) Director 10% Owne			wner	
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 02/27/2009										X Officer (give title below) Other (spe below) Executive Vice President					specity	
(Street) SEATTL (City)		A tate)	98101 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Indivi ine) X	,					
		Tal	ole I - No	n-Deriv	ative	Se	curiti	es Ac	can	ired. I	Disr	osed o	of. o	r Ben	eficia	allv (Owner	<u> </u>			
1. Title of Security (Instr. 3) 2. Tra		2. Transa	Transaction 2. te Eonth/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		<u>,</u>	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		l (A) or	nd	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D) Price		Trancac		ion(s)			(111501. 4)	
Common Stock														34,403			D				
Common Stock															6,669.33			I	By 401(k) Plan, per Plan statement dated 1/31/09		
		-	Table II -	Derivat (e.g., p													wned				
1. Title of Derivative Security (Instr. 3) Price of Derivative Security		3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Da if any (Month/Day/N		Date,	ate, Transaction Code (Instr		n of E		Ехр	Pate Exe piration I onth/Day	Date	Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		4)			9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V (A)		(D)	Date Exe	e ercisable		cpiration ate	Nun of		lumber						
Employee		1	1			ı	1	ı I					ı	- 1		1			- 1		1

Explanation of Responses:

\$13.47

1. The number of options granted effective 2/27/09 is not known at this time. 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 LTI%) / option fair value. This Form 4 will be amended to report the number of options granted to be prescribed by the page calculated.

(2)

02/27/2019

2. Granted under the issuer's 2004 Equity Incentive Plan, exercisable in four equal annual installments commencing on 2/27/2010.

Remarks:

Stock Option

(right to buy)

> /s/ Duane E. Adams, Attorneyin-Fact for Linda Toschi Finn

03/02/2009

0(1)

\$<mark>0</mark>

D

** Signature of Reporting Person

Stock

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).

02/27/2009

** 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.