FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| 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

| 1. Name and Address of Reporting Person* RUCKELSHAUS WILLIAM D | | | | | 2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] | | | | | | | | | ck all applic | 10% Owner | | | | |
|---|---|--|---|-----------------------|--|---------------------|------|---------------------|--|--|---------------|--|-------------------------------------|---|---|---|--|--|---------------------------------------|
| (Last) (First) (Middle) C/O MADRONA VENTURE GROUP | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2004 | | | | | | | | | | Officer (below) | (give title | | Other (s below) | pecify |
| 1000 SECOND AVENUE, SUITE 3700 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | E W | /A | 98104 | | | | | | | | | | | Line | Form fil | ed by Mor | | rting Persor One Repor | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Ta | ble I - Non-E | Derivati | ve Se | curitie | s Ac | cquire | ed, D | isp | osed (| of, or E | ene | ficially | Owned | | | | |
| Date | | | Transaction ate Month/Day/ | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Co | ransact ode (Ins | ion | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | Securities Beneficia Owned Fo | 5. Amount of Securities Beneficially Owned Following | | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Co | ode V | <i>,</i> | Amount | (A (D | or | Price | Reported Transacti (Instr. 3 a | tion(s) | | | (Instr. 4) | |
| Common Stock | | | | | | | | | | | | | 18,351 | | | D | | | |
| | | | Table II - De (e. | erivative g., puts | | | | | | | | | | | Owned | | | | |
| 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) | Code | | of E | | Expira | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | le and 7. Title and of Securiti Underlying Security (Ir 4) | | rivative | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | | Date Exerci | isable | Exp Date | oiration e | Title | Nu | nount or mber of ares | | | | | |
| Stock Units | (1) | 03/15/2004 | | A | | 7.84 ⁽²⁾ | | (3 | 3) | | (3) | Common Stock | 2, | 676.84 | \$37.47 | 2,676. | 84 | D | |

Explanation of Responses:

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

Remarks:

Duane E. Adams, Attorney-in-

Fact for William D.

03/17/2004

Ruckelshaus

** 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.