FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| wasnington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | 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* Worzel Ken | | | | | | 2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title) Other (specify) | | | | |
|--|---|--|--|-------------------------------|----------------------------------|--|---------------------|-------------|--|--------|-----------------------|---|--------------------------------|---|---|--|--|---|---------------------------------------|
| | (Fi RDSTROM (TH AVEN | , INC. | (Middle) | | 06 | /12/2 | 015 | | action (Month/Day/Year) of Original Filed (Month/Day/Year) | | | | | <u> </u> | below) | fficer (give title Other (specify below) Executive Vice President al or Joint/Group Filing (Check Applicab | | | |
| (Street) SEATTL | E W | Ά | 98101 | | _ 4. I = | t Ame | nament, I | Jate o | of Origina | I FIIE | d (Month/Da | iy/Year) | | Line |) K Form f | led by Or | ne Repo | orting Pers | on |
| (City) | (St | | (Zip) | n-Deriv | vativ | - Se | curitios | . Δc | auired | Dis | enosed o | of or Re | nefic | ·iall | v Owned | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | 4. Securiti | osed of, or Benefici I. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 au D) | | | 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) | Pric | e | Reported Transaction (Instr. 3 ar | | | | (Instr. 4) |
| Common | ommon Stock | | | | | | | | | | | | | 27,63 | 32.75 | | D | | |
| Common Stock | | | | | | | | | | | | | | 2,544.692 | | I | | By 401 (k) Plan, per Plan statement dated 5/31/2015. | |
| | | 1 | Table II - | | | | | | | | osed of, | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | ed n Date, | te, 4. Transacti Code (Ins | | 5. Number ion of | | | xerci | sable and 7. Title an | | nd of s ng e Secur | | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact (Instr. 4) | re es ally eg d tion(s) | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ıble | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |
| Stock Units | (1) | 06/12/2015 | | | A | | 23.7 ⁽²⁾ | | (3) | | (3) | Common Stock | 23. | .7 | \$73.98 | 146 | .7 | D | |

Explanation of Responses:

- 2. Stock unit dividend paid on performance share units that were deferred at the election of the reporting person under the Executive 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.

Remarks:

Paula McGee, Attorney-in-Fact for Ken Worzel

06/16/2015

** Signature of Reporting Person

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.