FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| | OMB Number: 3235- | | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | | |
| l | 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* HERNANDEZ ENRIQUE JR | | | | | | | 2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] | | | | | | | | cable) or | g Pers | on(s) to Iss | vner |
|--|---|--|--|--------|------------|---|--|-------|---------------------------------|--------|--|---|--|---|---|---|---|---|
| (Last) (First) (Middle) C/O INTER-CON SECURITY SYSTEMS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2004 | | | | | | | | Officer below) | (give title | | Other (s | specify |
| 210 SOUTH DE LACEY AVENUE (Street) PASADENA CA 91105 (City) (State) (Zip) | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution I | | Date, | Transaction I | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 5. Amour Securitie Beneficia Owned F | es ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | | (IIISU. 4) |
| Common | Stock | | | | | | | | | | | 6,273 | | | D | | | |
| | | • | Table II - I (| | | | | | | | sed of, onvertib | | | 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 D if any (Month/Day/ | ate, T | Code (Inst | | | | 6. Date Expiration (Month/Da | n Date | • | 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | on(a) | | |
| Stock Units | (1) | 09/15/2004 | | | A | | 12.46 ⁽²⁾ | | (3) | | (3) | Common Stock | 12.46 | \$39.74 | 3,820. | 43 | D | |

Explanation of Responses:

- 1. 1 for 1
- 2. Stock unit dividend paid 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 occurrence of certain events, including the reporting person's retirement from the issuer's Board of Directors.

Remarks:

<u>Duane E. Adams, Attorney-in-</u> <u>Fact for Enrique Hernandez, Jr.</u>

09/16/2004

** 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.