FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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

1. Name and Address of Reporting Person* <u>Myers Margaret</u>						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]										eck all applic Directo	able) r	•		wner	
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617SIXTH AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 02/17/2012										below)	er (give title v) xecutive Vice P		Other (below) resident	specify	
(Street) SEATTL	et) ATTLE WA 98101					f Ame /22/2		nt, Date	e of (Original	Filed	(Month/Day	Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S		(Zip)	-Deriv	ative		curit	ios A	Cal	uired	Die	nosed o	f or	Bon	eficiall	v Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ction	ar)	2A. Deemed Execution Date, if any (Month/Day/Year			3. Transa Code (I	ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	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 (D	A) or O)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)	
Common Stock																16,2	16,278		D		
Common Stock																6,377.71		I		By 401(k) Plan, per Plan statement dated 1/31/2012	
		,	Table II - D									osed 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 Day if any (Month/Day/	ate, Tr	4. Transaction Code (Insti		of	iired r osed) r. 3, 4	Exp	Date Exe piration I pnth/Day	Date	7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4		Security	8. Price of Derivative Security (Instr. 5)	9. Number derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e Ownersi Form: Direct (I or Indire g (I) (Instr.		Beneficial Ownership ct (Instr. 4)		
				Co	ode V		(A)	(D)	Dat Exe	te ercisable		oiration te	Title		Amount or Number of Shares						
Employee Stock Option (right to buy)	\$52.63 ⁽¹⁾	02/22/2012 ⁽¹⁾			A		0(2)			(1)(3)	02/	⁷ 22/2022 ⁽¹⁾	Comr		0(2)	\$0	0 ⁽²⁾		D		

Explanation of Responses:

- 1. This amended Form 4 is being filed to correct an administrative error in the grant date, exercise price, date of vesting and expiration date of this option grant.
- 2. The number of options granted 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 when that number has been
- 3. Granted under the issuer's 2010 Equity Incentive Plan, exercisable in four equal annual installments commencing on 2/22/2013.

Remarks:

/s/ Paula McGee, Attorney-in-02/22/2012 Fact for Margaret Myers

** 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.