FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Meden Scott A					2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN]							(Chec	ationship of k all applica Director Officer (,		10% Ow Other (sp	ner	
(Last) (First) (Middle) C/O NORDSTROM, INC. 1700 SEVENTH AVENUE				02	3. Date of Earliest Transaction (Month/Day/Year) 02/26/2010								below) below) Executive Vice President					
(Street) SEATTLE WA 98101					4. If Amendment, Date of Original Filed (Month/Day/Year) 03/01/2010								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
1. Title of Security (Instr. 3) 2. Trans: Date				vative Securities Acquesaction ZA. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Secur Transaction Code (Instr.		4. Securitie	f, or Beneficially ies Acquired (A) or Of (D) (Instr. 3, 4 and 5)		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	Transaction	Transaction(s) (Instr. 3 and 4)		ľ	
Common Stock													13,302		D			
Common Stock												8,594.383		I		By H01(k) Plan, per Plan tatement lated /31/10		
			Table II - I				urities Ad ls, warrar							wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Co	nsaction de (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year		te of Securities		es J Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	ode	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		Transacti (Instr. 4)	ion(s)		
Employee Stock Option (right to	\$36.94	02/26/2010		A			16,055 ⁽¹⁾⁽²⁾		(3)		02/26/2020	Common Stock	16,055	\$0	16,05	55	D	

Explanation of Responses:

- 1. 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 was 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.
- 2. This Form 4 is being amended to report the number of options granted, which was unknown at the time of the original filing on 3/1/2010, pursuant to a formula approved by the Compensation Committee.
- $3. \ Granted \ under \ the \ issuer's \ 2004 \ Equity \ Incentive \ Plan, \ exercisable \ in \ four \ equal \ annual \ installments \ commencing \ on \ 2/26/2011.$

Remarks:

/s/ Duane E. Adams, Attorneyin-Fact for Scott A. Meden

03/15/2010

** 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.