FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| OCCUON TO TO TO TO TO TO | |

OMB APPROVAL OMB Number: 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* KOPPEL MICHAEL G | | | | | 2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] | | | | | | | | | ck all app Dired | olicable) | rting Person(s) to Issuer 10% Owner le Other (specif | | Owner | | |
|---|-------|------|---------------|------------------------------|---|--|--------|---|-----------------|--|---|--------------|--------------|----------------------------------|---|---|--|---------------------------------------|--|--|
| (Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE | | | | | 03/ | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2015 | | | | | | | | | Executive Vice President | | | | | |
| (Street) SEATTL | | | 28101 Zip) | | , 4. lf | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or E | Benefic | ially | / Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Exe if ar | Deemed ecution Date, ny onth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5) | | | | | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | 9 | Transac (Instr. 3 | tion(s) | | | (111501.4) | |
| Common | Stock | | | 03/03/2 | 2015 | | | | F | | 309 | D | \$79 | 9.97 | 64,247 D | | | | | |
| Common Stock | | | | | | | | | | | | | | | 6,197.63 | | | I | By 401(k) Plan, per Plan statement dated 2/28/2015. | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | | | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month/ | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe | | De Se (In | erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | of Shares | | | | | | | |

Explanation of Responses:

Remarks:

Paula McGee, Attorney-in-Fact 03/04/2015 for Michael G. Koppel

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}ast}$ 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).