FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

0.5

Estimated average burden

hours per response:

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

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]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President						
(Last) (First) (Middle) C/O NORDSTROM, INC. 1700 SEVENTH AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 03/03/2014															
(Street) SEATTL (City)		7A state)	98101 (Zip)		- 03	4. If Amendment, Date of Original Filed (Month/Day/Year) 03/05/2014							Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/II			sactio	action 2A. Deemed Execution Day/Year) if any		a. Deemed recution Date, any		3. 4. Securiti		s Acquired (A) or of (D) (Instr. 3, 4 and		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)	Price	Reported Transaction (Instr. 3 and			[Instr. 4)	
Common Stock													16,8	13]	D			
Common Stock											3,853.33		I I		By 401(k) Plan, per Plan statement dated 3/10/2014.				
			Table II -	Deriva (e.g., p	ative puts	e Sec s, cal	curities A	cqui nts,	ired, E optio	Dispo ns, c	osed of, o	r Benef e secur	icially (ities)	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 Dat if any (Month/Day/Ye	Code (Instr					6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				Cod	ode	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)				
Employee Stock Option (right to	\$61.21	03/03/2014			A		10,422 ⁽¹⁾⁽²⁾		(3))	03/03/2024	Common Stock	10,422	\$0	10,422		D		

Explanation of Responses:

- 1. This Form 4 is being amended to report the number of options granted, which was unknown at the time of the original filing on 3/5/2014, pursuant to a formula approved by the Compensation Committee.
- 2. 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.
- 3. Granted under the issuer's 2010 Equity Incentive Plan, exercisable in four equal installments commencing on 3/3/2015.

Remarks:

/s/Paula McGee, Attorney-in-Fact for Scott A. Meden

03/27/2014

** Signature of Reporting Person

Date

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

- * 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.