FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG	ES IN BE	NEFICIAL	OWNERS	HIP

OMB APPROVAL								
OMP Number:	2225 02							

OMB Number: 3235-0287 Estimated average burden 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* NORDSTROM BLAKE W						2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner													
(Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 02/22/2006								- X	X Officer (give title below) Other (specify below) President							
(Street) SEATTLE WA 98101				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting														
(City)	(S	State)	(Zip)												Persor				
		Tal	ble I - No	n-Deriv	ative	e Se	curities	s Ac	quired,	Dis	posed o	f, or B	ene	ficially	Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			A) or , 4 and	5. Amou Securitie Beneficia Owned F Reported	rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) (D)	or	Price	Transaction(s) (Instr. 3 and 4)				,iii3ti. 4)		
Common	Stock			02/22	/200	6			A		24,305	(1) <i>A</i>	A	\$0	1,98	8,421		D	
Common	Stock														59,	514		I	By 401(k) Plan, per Plan statement dated 1/31/06
Common	Stock														60	13 ⁽²⁾		I	By wife as her separate property
Common	Stock														25,	,311		I	By self as trustee for benefit of child
Common	Stock														23,	167		I	By self as trustee for benefit of child
Common	Stock														11,	974		I	By self as custodian of child
			Table II -	Deriva	tive :	Sec	urities ls. warr	Acqı ants	uired, D	oispo	osed of, onverti	or Be	nefic	cially (Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date Execution Date, if any (Month/Day/Year)		d 4 Date, T	4. Transaction Code (Instr. B)		5. Number 6		6. Date Exercise Expiration Date (Month/Day/Yea		able and	7. Title and A of Securities Underlying Derivative S (Instr. 3 and		Amount 8	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Owner s Form: Direct or Indi (i) (Insi	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				C	Code	v	(A)	(D)	Date Exercisat		Expiration Date	Title	or Nu of	ımber					
Employee Stock Option (right to buy)	\$40.27	02/22/2006			A		49,048		(3)	0	02/22/2016	Common Stock	n 49	9,048	\$0	49,04	.8	D	
		1	-										_						-

Explanation of Responses:

2/22/06, based on the Compensation Committee's determination that the applicable performance criteria had been met as of 1/31/06.

- $2. \ The \ reporting \ person \ disclaims \ beneficial \ ownership \ of \ these \ shares.$
- 3. Granted under the issuer's 2004 Equity Incentive Plan, exercisable in four equal annual installments commencing on 2/22/07.

Remarks:

/s/ Duane E. Adams, Attorneyin-Fact for Blake W. Nordstrom 02/2

02/23/2006

** 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.