FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHA | NGES IN BE | ENEFICIAL | OWNERSHIP |
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| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| 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 James F JR | | | | | 2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] | | | | | | (Che | ck all application | r | | 10% Ov | vner | |
|--|--|--|--|-----------------------------------|---|--|--|------------------|---|---|--|---|--|---|------------|------|--|
| (Last) (First) (Middle) C/O NORDSTROM, INC. 1617 SIXTH AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2022 | | | | | | , | X Officer (give title Other (specify below) President, Stores | | | | | |
| (Street) SEATTL (City) | | tate) | 98101 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 03/07/2022 | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | action 2A. Deemed Execution Date, | | uired, Disposed of, or Benefic 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | d (A) or | 5. Amour Securities Beneficia Owned Fe | mount of urities eficially led Following | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | ion(s) | | | (Instr. 4) | | |
| | 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 (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Cod | ansaction Derivative ode (Instr. Securities | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Ar of Securities Underlying Derivative Sec (Instr. 3 and 4) | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti | Owner Form: Direct or Indi (I) (Ins | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ect (Instr. 4) | | | |
| | | | | Cod | e V | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (0) | | |
| Employee Stock Option (right to buy) ⁽¹⁾ | \$25.68 | 03/03/2022 | | A | | 41,991 ⁽²⁾ | | 03/10/20 | 25 | 03/03/2032 | Common Stock | 41,991 | \$0 | 41,99 | 1 | D | |

Explanation of Responses:

- $1.\ Granted\ under\ the\ issuer's\ 2019\ Equity\ Incentive\ Plan,\ exercisable\ 50\%\ on\ March\ 10,\ 2025\ and\ 50\%\ on\ March\ 10,\ 2026.$
- 2. This Form 4 is being amended to report the number of options granted, calculated pursuant to a formula approved by the Compensation, People and Culture Committee, and to reflect the price of the derivative security. The number of options granted was unknown at the time of original filing.

Remarks:

Brian B. DeFoe, Attorney-in-Fact for James F. Nordstrom, Jr.

03/22/2022

** 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.