FORM 4

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
obligations may continue. See
Instruction 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

		Reporting Person*							er or Tra								p of Reportin blicable) ctor	g Pers	()	
	(Fii	12/			3. Date of Earliest Transaction (Month/Day/Year) 12/30/2008										Office below	er (give title w)		Other below)	(specify	
1617 SIX (Street)	TH AVEN	UE 			4. If	f Ame	endmer	t, Date o	f Original	Filed	(Month/Da	ay/Ye	ar)		. Indivi		r Joint/Group		•	
SEATTL	E W	A 9	98101													Form Pers	n filed by Mor on	e than	One Rep	orting
(City)	(St		Zip)																	
1. Title of Security (Instr. 3) 2. Trai		2. Trans			2A. Deemed Execution Date,		3. Transaction Code (Instr.					(A) or	or 5. Ar 4 and Secu Bene Own		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	Code V		Amount (A) o		Price	. 1	Reported Transaction(s) (Instr. 3 and 4)				(
Common	Stock			12/30)/2008	8			G	V	15,00	0	D	\$	0	9,7	'83,137		D	
Common	Stock															2,0	000,000		I	See ⁽¹⁾
Common	Stock															50	00,000		I	See ⁽²⁾
Common	Stock															50	00,000		I	See ⁽³⁾
Common	Stock															6,9	35,360		I	See ⁽⁴⁾
Common	Stock															1,5	55,200		I	See ⁽⁵⁾
Common	Stock															5,5	01,520		I	See ⁽⁶⁾
Common Stock													221,776		I		By wife			
		Та	ıble II - D								sed of, onvertib				y Ov	vned				
Security (Instr. 3) or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) 8)		Transa Code ((Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				An An Se Un De Se an		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O Fe D oi (I)	o. wnership orm: irect (D) r Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

- 1. By self as trustee for my benefit and the benefit of my children under the Bruce A. Nordstrom 2007 Grantor Retained Annuity Trust.
- 2. By self as trustee for my benefit under the Bruce A. Nordstrom 2008 2-Year Grantor Retained Annuity Trust.
- 3. By self as trustee for my benefit under the Bruce A. Nordstrom 2008 5-Year Grantor Retained Annuity Trust.
- 4. By self as trustee for my benefit and the benefit of my children under the Frances Nordstrom Trust.
- 5. By self as trustee for my benefit and the benefit of my children under the 1976 Bruce A. Nordstrom Trust.

6. By self as co-trustee for the benefit of my sister, Anne G. Gittinger, with respect to 5,501,520 shares in the Everett Nordstrom Trust. The amount shown does not include my nominal interest in 1,049,608 shares held in trusts for the benefit of John Hopen and Susan Dunn, my nephew and niece, respectively, and for which I am a co-trustee. I am a contingent remainderman with respect to each of these trusts, but disclaim beneficial ownership of the securities held within these trusts. This report shall not be deemed an admission that I am the beneficial owner of the securities held within the trusts for purposes of Section 16 or for any other purpose.

Remarks:

Duane E. Adams, Attorney-in-

12/30/2008

** Signature of Reporting Person

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.