FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average bu | rden | | | | | | | | |

0.5

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* <u>CAMPBELL PHYLLIS J</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol NORDSTROM INC [JWN] | | | | | | | | Relationship neck all appli X Directo | cable) | g Pers | on(s) to Iss | |
|--|---|--|---|---------|---|---|-------------------------------------|-----|--|---|---------------------|---|---|---|----------------------------|---|--|---------------------------------------|
| (Last) | ` | irst) CHASE & CO. | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2010 | | | | | | | | | Officer (give title below) | | Other (below) | specify |
| 1301 SECOND AVENUE, FLOOR 31 | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | E W | ⁄A | 98101 | | | | | | | | | | | | , | ed by One Reporting Pe ed by More than One Re | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tal | ole I - Nor | ı-Deriv | vativ | e Se | curities | Acc | quired, | Dis | osed o | f, or Be | neficia | ly Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/l | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | Disposed | rities Acquired (A) ed Of (D) (Instr. 3, | | Benefici Owned F | es ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | Amount (A) or (D) | | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock | | | | | | | | | | | | 9,974 | | | D | | | |
| | | | Table II - I | | | | | | | | sed of, onvertib | | | Owned | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Yea | Date, | Code (Instr | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | e | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amoun or Numbe of Shares | | (Instr. 4) | | | |
| Stock Units | (1) | 06/15/2010 | | | A | | 47.77 ⁽²⁾ | | (3) | | (3) | Common Stock | 47.77 | \$40.3 | 9,673.8 | 3 ⁽⁴⁾ | D | |

Explanation of Responses:

- 1. 1 for 1
- 2. Granted under the 2002 Nonemployee Director Stock Incentive Plan. The stock units were deferred at the election of the reporting person under the Directors' Deferred Compensation Plan.
- 3. The stock units are convertible into the issuer's common stock and payable upon the occurrence of certain events, including the reporting person's retirement from the issuer's Board of Directors.
- 4. Represents the total number of stock units held by the reporting person under the Directors' Deferred Compensation Plan.

Remarks:

Duane E. Adams, Attorney-in-Fact for Phyllis J. Campbell

** Signature of Reporting Person

Date

06/17/2010

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.