Meden Scott A Form 4 August 26, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB** Washington, D.C. 20549 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Expires: 2005 Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

OMB APPROVAL

3235-0287

January 31,

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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

(Print or Type Responses)

1. Name and Address of Reporting Person *

Meden Scott A			Symbol	Symbol NORDSTROM INC [JWN]					Issuer (Check all applicable)			
			NORD									
(Last)	(First)	(Middle)	3. Date o	3. Date of Earliest Transaction				(Check all applicable)				
			(Month/I	Day/Year)				Director	109	% Owner		
C/O NORDSTROM, INC., 1700			02/28/2	02/28/2008					X Officer (give title Other (specify below)			
SEVENTH AVENUE									Executive Vice President			
	4. If Amo	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check					
CE A TTLE	Filed(Mo	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting					
SEATTLE,							Person					
(City)	(State)	(Zip)	Tab	le I - Non-D	D erivative	Secui	rities Acq	quired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction D	saction Date 2A. Deer		3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of		
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			ion Date, if	* /				Securities	Ownership	Indirect		
(Instr. 3) any		n/Day/Year)	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)			5)	Beneficially Owned	Form: Direct (D) or	Beneficial Ownership			
		(Monu	I/Day/Teal)	(IIIsu. 6)				Following	Indirect (I)	(Instr. 4)		
						(A) or		Reported Transaction(s)	(Instr. 4)			
~				Code V	Amount		Price	(Instr. 3 and 4)				
Common Stock	02/28/2008			P	1,000	A	\$ 38.06	7,312	D			
Common Stock								7,766.504	I	By 401(k) Plan, per Plan statement dated		

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)

7/31/08

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year) Execution Date		Transaction	orNumber	Expiration Date		Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3 and 4)			Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									mount		
						Date	Expiration Date	or Title Number of			
						Exercisable					
				C 1 W	(A) (D)						
				Code V	(A) (D)			S	hares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Meden Scott A C/O NORDSTROM, INC. 1700 SEVENTH AVENUE SEATTLE, WA 98101

Executive Vice President

Signatures

Duane E. Adams, Attorney-in-Fact for Scott A. Meden

08/26/2008

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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