Edgar Filing: NORDSTROM INC - Form 4

NORDSTRO	M INC								
Form 4									
May 21, 2008	3								
FORM	~~~		PPROVAL						
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287		
Check this box						Expires:	January 31,		
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI						Estimated average		
Section 16			SECURITIES			burden hours per			
Form 4 or				response 0.5					
Form 5 obligation	- ·		6(a) of the Securit	•					
may contin			ility Holding Con			n			
See Instruction 1(b).	ction	30(h) of the In	vestment Compan	y Act of 19	40				
	asponsos)								
(Print or Type R	esponses)								
1. Name and Address of Reporting Person [*] SATRE PHILIP G Sy			Name and Ticker or	Trading	5. Relationship of Reporting Person(s) to Issuer				
		NORDS	TROM INC [JWI	N]	(Check all applicable)				
(Last)	(First) (M	iddle) 3. Date of	Earliest Transaction		(Check all applicable)				
· · ·		(Month/D	ay/Year)	X Director	10%	b Owner			
457 COURT	STREET	05/20/20	-		Officer (give title Other (specify below)				
	(Street)	4. If Ame	ndment, Date Original		6. Individual or Joint/Group Filing(Check				
		Filed(Mon	th/Day/Year)		Applicable Line)				
RENO, NV 8	39501				_X_ Form filed by C Form filed by M Person	One Reporting Pe Iore than One Re			
(City)	(State) (2	Zip) Tabl	e I - Non-Derivative	Securities Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3. 4. Secur	ities	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if	TransactionAcquire			Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership		
(Instr. 3)		any (Manth/Day/Vaar)	Code Disposed		•				
		(Month/Day/Year)	(Instr. 8) (Instr. 3,	4 and 5)		(Instr. 4)	(Instr. 4)		
				(A)	Reported	((
				(A) or	Transaction(s)				
			Code V Amount		(Instr. 3 and 4)				
Common					9,119	I	See (1)		
Stock					,11)	1	<u></u>		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of 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/Year)	4. Transac Code (Instr. 8	ctio 3)	onof Derivative Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Deriva Securit (Instr.
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Units	(2)	05/20/2008		А		2,708 (3)		(4)	(4)	Common Stock	2,708	\$ 36.

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
SATRE PHILIP G 457 COURT STREET RENO, NV 89501	Х								
Signatures									
Duane E. Adams, Attorney-in-l Satre	05/21/2008								
**Signature of Reporting I	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).
- (1) Shares held by the Satre Family Trust, of which the reporting person is a trustee and beneficiary.
- (**2**) 1 for 1
- (3) 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.
- (4) 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.
- (5) Represents the total number of stock units held by the reporting person under the Direcvtors' Deferred Compensation Plan.

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.