NORDSTROM INC

Form 4 June 16, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * CAMPBELL PHYLLIS J

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(First) (Middle) NORDSTROM INC [JWN] 3. Date of Earliest Transaction

(Check all applicable)

(Month/Day/Year) 06/12/2015

X_ Director 10% Owner Officer (give title Other (specify

below)

C/O JPMORGAN CHASE & CO., 1301 SECOND AVENUE, FLOOR 31

(Street)

(State)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

SEATTLE, WA 98101

(City) (Zip) 1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Beneficial Ownership Owned Indirect (I) Following (Instr. 4) (Instr. 4)

Reported Transaction(s)

(A) (Instr. 3 and 4)

Common

Stock

(Instr. 3)

Code V Amount (D) Price

or

21,893 D

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)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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	Date Exer	cisable and	7. Title and A	Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction Derivative Code Securities		e Expiration D	Expiration Date		Underlying Securities	
Security	or Exercise		any			(Month/Day/Year)		(Instr. 3 and 4)		Securit
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired					(Instr.
	Derivative				(A) or					
	Security				Disposed of					
					(D)					
					(Instr. 3, 4,					
					and 5)					
									Amount	
						Date	Expiration		or	
						Exercisable	*		Number	
						2.10101341010	2		of	
				Code V	(A) (D)			Shares	
C4 a ala					52.02			C		
Stock	<u>(1)</u>	06/12/2015		A	53.23	(3)	(3)	Common	53.23	\$ 73.
Units		00,12,2010			(2)	_	_	Stock	22.20	Ψ 75.

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

CAMPBELL PHYLLIS J

C/O JPMORGAN CHASE & CO.
1301 SECOND AVENUE, FLOOR 31

SEATTLE, WA 98101

Signatures

Paula McGee, Attorney-in-Fact for Phyllis J.
Campbell

06/16/2015

**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).
- **(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 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 Director's 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.

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