Edgar Filing: Deputy Christine - Form 4

Deputy Christine

| Deputy Christin Form 4 | | | | | | | | | | | | |
|--|---|--|--|--|--|---|--|--|---|---|--|--|
| March 22, 2019 FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB APPROVAL | | | | |
| - | RITIES AND EXCHANGE COMMISSION ashington, D.C. 20549 | | | | | OMB Number: | 3235-0287 | | | | | |
| Check this b if no longer subject to Section 16. Form 4 or | | STATEMENT OF CHANGES IN BENEFICIAL OWNEI SECURITIES | | | | | | NERSHIP OF | Expires: Estimated a burden hour response | • | | |
| 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 | | | | | | | | | | | | |
| (Print or Type Res | sponses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person _2. IssueDeputy ChristineSymbol | | | | Iccuar | | | | • | nship of Reporting Person(s) to | | | |
| NOR | | | | ORDSTROM INC [JWN] | | | | (Check all applicable) | | | | |
| (Month/I | | | Date of Earliest Transaction Ionth/Day/Year) 3/21/2019 | | | | Director 10% Owner X_ Officer (give title Other (specify below) below) Chief Human Resource Officer | | | | | |
| | | | endment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | | | |
| Filed(Mon SEATTLE, WA 98101 | | | | | nth/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person | | | | | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-I | Derivative S | Securi | ties Acq | uired, Disposed of, | or Beneficiall | y Owned | | |
| | . Transaction Dat Month/Day/Year) | Executio any | | 3. Transactio Code (Instr. 8) Code V | 4. Securit on(A) or Dis (Instr. 3, 4) | sposed | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common 0 Stock 0 | 3/21/2019 | | | S | 13,124 (<u>1)</u> | D | \$ 42.61 | 67,579 | D | | | |

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. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|------------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Deputy Christine C/O NORDSTROM, INC. 1617 SIXTH AVENUE SEATTLE, WA 98101 | | | Chief Human Resource Officer | | | | |
| Signatures | | | | | | | |
| Kaj Trapp, Attorney-in-Fact fo | or Christin | e | 02/22/2010 | | | | |
| Deputy | | | 03/22/2019 | | | | |
| <u>**</u> Signature of Reporting Per | son | | Date | | | | |
| Explanation of Re | spon | ses: | | | | | |

* 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) The sale reported herein is pursuant to a 10b5-1 Trading Plan entered into 3/5/2019.

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.