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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	pe Response	/													
1. Name and Address of Reporting Person * DENNISON LOURDES M			2. Issuer Name and Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIB(OB)]					5	_X_ Direct	(Che					
(Last	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/24/2003										
,	(Street) 4. If Amendment, I				Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City	)	(State)	(Zip)		Table I - Non-Derivative Securities Acquir				tired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/		3. Tra Code (Instr.		(A) or 1	Disposed of 3, 4 and 5)  (A) or other (D) F	(D) H	Beneficial	t of Securition ly Owned Found For Transaction (and 4)	ollowing (s)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder:	Report on a s	separate line fo	r each class of secu	rities beneficia	ally ow	vned di	Per	sons whatained i	no respon	n are	not requ		ormation spond unles trol number	s	1474 (9-02)
Reminder:	Report on a s	separate line fo	Table II -	Derivative Se	curiti	es Acq	Per con the	sons what ained in form disposed	no respond n this form splays a coof, or Bene	n are urren ficiall	not requ tly valid	ired to res	spond unles	s	1474 (9-02)
1. Title of Derivative Security	•	3. Transaction	Table II -  1 3A. Deemed Execution Date any		ecuriticuls, was	es Acq rrants	Per con the uired, L, option (Me tive less ed ed 3,	sons what ained in form disposed	no respond in this form splays a c of, or Bene rtible securionicisable on Date	ficially ficially fities)  7. Tit Amou Unde Secur	not required the and count of earlying	omB conf	spond unles	f 10. Owners! Form of Derivati Security Direct (1) or Indire	11. Nature of Indires Benefici Owners! (Instr. 4)

## Reporting Owners

D ( O N (	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DENNISON LOURDES M						
	X					

## **Signatures**

/s/ Lourdes M. Dennison	07/24/2003
**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.