FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

(Print or Type Responses) 1. Name and Address of Reporting Person * BOCHNOWSKI DAVID A				NO	2. Issuer Name and Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIN(OB)]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director					
(Last) (First) (Middle) 10203 CHERRYWOOD LANE					3. Date of Earliest Transaction (Month/Day/Year) 02/27/2004							Ch	airman and	CEO			
(Street)				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
MUNSTER, IN 46321 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)		Date (Month/Day/Year) E		Execu			(Instr. 8)		on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Ownership Form:	Beneficial		
					(Month/Day/Year)			Code		V Amount (D)		Price	(Instr. 3	. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	1		02/27	7/2004	02/27	7/2004		P		450	A \$3	§ 30.8438	227,54	4		D	
Reminder:	Report on a s	separate line	for each	class of secu	urities t	beneficially	own	ed direc	,		-	and to	the collec	ction of inf	ormation	SEC	1474 (0-02)
Reminder:	Report on a s	separate line	for each		- Deriv	ative Secu	rities	s Acquii	Per cor the	rsons whotained in form dis	no responding this for splays a	orm are a curre eneficial	not requesting ntly valid	OMB conf	ormation spond unle trol numbe	ess	1474 (9-02)
1. Title of	2.	3. Transacti Date (Month/Day	on y/Year)	Table II - 3A. Deemed Execution D	- Deriv (e.g., _I l date, if	ative Secu puts, calls, 4. Transaction	5. Nu of De Se Ac (A Di of (In	s Acquirants, o	Per cor the red, I ption (M	rsons what intained it form distributed from distributed from the form distributed from the form of th	no responding the splays a cof, or Bettible sectors able on Date	orm are a curre eneficial curities) 7. T Am Und Secu (Ins 4)	not requesting ntly valid	OMB conf	spond unle	of 10. Owners! Form of Security Direct (i	11. Nat of India Benefit Owners: (Instr. 4

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BOCHNOWSKI DAVID A 10203 CHERRYWOOD LANE MUNSTER, IN 46321	X	X	Chairman and CEO				

Signatures

/s/ David A. Bochnowski	02/27/2004
**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.