# 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

1. Name and Address of Reporting Person * FURTICELLA EDWARD J				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 10% Owner Officer (give title below) Other (specify below)						
(Last) (First) (Middle) 1615 TIMBERWOOD LANE					3. Date of Earliest Transaction (Month/Day/Year) 03/22/2005											
(Street) MUNSTER, IN 46321				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned						
(Instr. 3)			2. Transaction Date (Month/Day/Year	) any	ecution Date, if		(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	ant of Securities ally Owned Following d Transaction(s) and 4)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
					ĺ	Со	de	V	Amount	(A) or (D)	Price	or Indire (I)		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		03/22/2005	03/22/200	5	P	•		1,000	A	\$ 20.50	55,050			D	
			Table II -	· Derivative So			quire	conta the fo	ained in orm dis sposed o	n this fo splays a of, or Be	orm ar a curre eneficia	e not requently valid	OMB con	spond unle	ess	1474 (9-02)
1. Title of	12	3. Transaction	a 3A. Deemed	(e.g., puts, ca	lls, w	arrant 5.	s, opt					itle and	9 Dries of	9. Number	of 10.	11. Natu
1. Ittle of Derivative Security (Instr. 3)		Date (Month/Day/	Execution Dany	te, if Transaction Code Year) (Instr. 8)		Number a		and E	and Expiration Date Month/Day/Year)		Am Und Sec	ount of derlying urities str. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	of Indirect Beneficia Ownershi (Instr. 4)
								Date	cisable	Expiration	on Titl	Amount or e Number				

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
FURTICELLA EDWARD J 1615 TIMBERWOOD LANE MUNSTER, IN 46321	X					

# **Signatures**

/s/Edward J. Furticella	03/22/2005
**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.