FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 * DENNISON LOUDDES M					2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
DENNISON LOURDES M					NORTHWEST INDIANA BANCORP [NWIN(OB)]						_X_ Direc Office			10% Owner Other (specify b	elow)
(Last) (First) (Middle) 460 SCARBOROUGH					3. Date of Earliest Transaction (Month/Day/Year) 12/12/2005										
(Street) VALPARAISO, IN 46383				4.	4. If Amendment, 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 Acquired, Disposed of, or Beneficially O					Owned					
(Instr. 3)		2. Transaction Date (Month/Day	Year) Ex	A. Deemed xecution Date, if my Month/Day/Year	(Instr. 8)		A. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Follow Reported Transaction(s)		ollowing	Form:	7. Nature of Indirect Beneficial Ownership	
				(N	Month/Day/ 1 ear	Cod	e V	Amour	(A) or (D)	Price	(I)		or Indirect	(Instr. 4)	
Common	Stock		12/12/200	5 12	2/12/2005	S		200		\$ 31.5	45,300			I	By Spouse
				- Securitin	es beneficially o	wiicu uii	—, ´		-						
			Tab	le II - Dei	rivative Securit	ies Acq	Per con the	sons whatained in form disposed	no responding this for splays a	rm are curre	e not requ ntly valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/\(^1\)	n 3A. De Execut Year) any	le II - Dei (e.g	rivative Securit ., puts, calls, wa 4. if Transaction Code ar) (Instr. 8)	ies Acq arrants,	Per con the dired, I and (Moive es es ed	sons whatained in form disposed	no responding this for splays a of, or Bentible securcisable on Date	rm are curre deficial rities) 7. T Ame Und Seco	e not requ ntly valid	OMB conf	spond unle	of 10. Owners: Form of Derivati Security Direct (i or Indire	11. Nat of India Benefit Owners: (Instr. 4

Reporting Owners

D 4: 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DENNISON LOURDES M						
460 SCARBOROUGH	X					
VALPARAISO, IN 46383						

Signatures

/s/ Lourdes M. Dennison	12/12/2005
**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.