FORM 4

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

OMB APPR	OVAL
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 Ty	pe Response	s)																
1. Name and Address of Reporting Person BOCHNOWSKI FRANK 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)								
846 BLU	JE CRANE	(First)		3. Date of Earliest Transaction (Month/Day/Year) 11/16/2006														
VENICE	FI 2420	(Street)		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								
VENICE (Cit	E, FL 34292	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execut any		d Date, if		ansaction	4. Sect (A) or	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		red Owned Follow Transaction(s)		Securities Beneficially wing Reported		6. Ownersh Form:	ip of l Ber	7. Nature of Indirect Beneficial	
				(Month	ı/Day	/Year)	Co	ode V	Amou	(A) or	Price	(Instr. 3 and 4)						
	Ctaals		11/16/2006				N	Л	1,250	A	\$ 20.5	14,50	1			D		
		separate line for each	h class of securities l	beneficia	lly ov	wned di	irectly	Pers in th	ons wh	are not	nd to the	d to res	spond	unless the	tion contai	ned SI	C 147	4 (9-02)
Reminder:		separate line for each	h class of securities l	- Derivat	ive S	ecuriti	es Ac	Pers in th disp quired, D	ons whis form	are not currently	nd to the required valid Ol	d to res MB co	spond ontrol n	unless the		ned SE		4 (9-02)
Reminder:	Report on a s		Table II -	- Derivat	ive S	ecuriti	es Ac	Pers in th disp quired, D ss, options	is form lays a cosposed (are not currently of, or Bentible secur	nd to the required valid Ol	d to res MB co Owned	spond entrol n	unless the umber.	e form		C 147	
Reminder:	Report on a s	3. Transaction	Table II - 3A. Deemed Execution Date, if	- Derivat (e.g., pu 4. Transac Code	tive S	ecuriti alls, wa 5. Num	es Ac arrant aber tive ties red	Pers in th disp quired, D	is form lays a cosposed of converting converting converting to the converting converting to the converting converting to the converting converting to the converting converting converting to the converting conv	are not currently of, or Bentible secure	nd to the required valid Ol eficially (rities) 7. Title of Und Securit	d to res MB co Owned e and A	spond ontrol n	unless the umber. 8. Price of		of 10. Own Form Deriv Secur Director Inc	ership of rative rity: t (D)	11. Natur of Indire Beneficia Ownersh (Instr. 4)
Reminder: 1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, if any	- Derivat (e.g., pu 4. Transac Code	tive S	5. Num of Deriva Securit Acquir (A) or Dispos of (D) (Instr. 2	es Ac arrant aber tive ties red	Persin the disp	is form lays a c isposed (convert cercisable n Date ay/Year)	are not currently of, or Ben tible secure e and	nd to the required valid Ol eficially (rities) 7. Title of Und Securit	Owned e and A derlying ties 3 and 4	spond ontrol n	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Own- Form Deriv Secur Direct or Ine	ership of rative rity: t (D)	11. Natur of Indire Beneficia Ownersh

Reporting Owners

D 41 0 N 4	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BOCHNOWSKI FRANK J						
846 BLUE CRANE VENICE, FL 34292	X					

Signatures

/s/ Frank J. Bochnowski	11/16/2006
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.