#### FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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)													
Name and Address of Reporting Person *  Lowry Robert T				2. Issuer Name and Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIN(OB)]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Other (specify below)  Executive Vice President					
(Last) (First) (Middle) 730 CLOVER				3. Date of Earliest Transaction (Month/Day/Year) 12/15/2006							Exec	utive vice P	resident		
		(Street)		4. If Amendment, Date Original Filed(Month/Day/Year) 12/18/2006						6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
CROWN	POINT, I	N 46307										ou of more man	. one reporting	1 010011	
(City	)	(State)	(Zip)		Tabl	le I - Noi	ı-Der	ivative	Securities	Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		ion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)						Ownership o Form: B	Beneficial	
			Month/Day/ Year	ear)	Code	V	Amou	(A) or (D)	Price	(Instr. 5 a	nd 4)		\ /	Ownership (Instr. 4)	
Common	Stock		12/15/2006			A <sup>(1)</sup>		500	A	\$ 0	3,808			D	
Common	Stock										9,712			I	Profit Sharing
Common Stock									535			I	By Spouse		
Reminder:	Report on a s	separate line fo		Derivative Secu	rities	s Acquire	Pers conta the fe	ons whained i	no respor n this for splays a o	m are curre eficial	not requesting ntly valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
	_	I	`	e.g., puts, calls,								I	I		1
1. Title of Derivative Security (Instr. 3) Price of Derivative Security		se (Month/Day/Year) any (Month/Day/Y		4. Transaction Code (Instr. 8)	of De Se Ac (A De of (In	umber	and I (Mo	ate Exercisable Expiration Date onth/Day/Year)		Ame Und Sect	itle and ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o Derivat Securit Direct ( or India	Beneficia Ownersh y: (Instr. 4)
				Code V	V (1	A) (D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares				

## **Reporting Owners**

D 4 0 V 4	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Lowry Robert T 730 CLOVER CROWN POINT, IN 46307			Executive Vice President					

#### **Signatures**

/s/ Robert T. Lowry	03/06/2007

**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).
- (1) These shares were acquired by the reporting person pursuant to NorthWest Indiana Bancorp 2004 Stock Option and Incentive Plan which meets the requirements of 12C.F.R 240.16b-3

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.