# 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)												
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					
(Last) (First) (Middle) 846 BLUE CRANE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 08/18/2008										
(Street)			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							
VENICE, FL 34285 (City) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea		Date	2A. Deemed Execution Date, i	3. Transaction Code (Instr. 8)		1		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form:	7. Nature of Indirect Beneficial			
				(Month/Day/Year	Code	V	Amoun	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		08/18/2008		S		200		\$ 27.5	15,151			D	
Common	Stock									7,632			I	By Wife
Reminder:	Report on a	separate line to	r each class of secur Table II - I	oties beneficially of		Pers conta the f	ons wh ained ir orm dis	no respon n this for splays a	m are curre	e not requ ntly valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
		1		e.g., puts, calls, w								1		
	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/	Execution Da a/Day/Year) any	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	and I	nth/Day/Year)		Ame Und Seco	itle and ount of derlying 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	f Beneficia ive Ownersh (y: (Instr. 4)
				Code V	(A) (D)	Date Exer		Expiration Date	n Title	Amount or Number of Shares				

# **Reporting Owners**

D ( O N (	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BOCHNOWSKI FRANK J 846 BLUE CRANE DRIVE VENICE, FL 34285	X					

## **Signatures**

/s/ Frank J. Bochnowski	08/19/2008			
**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.