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* DENNISON LOURDES M				2. Issuer Name and Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIN(OB)]								_X_ Direc		eck all appli			
(Last) (First) (Middle) 416 SCARBOROUGH				3. Date of Earliest Transaction (Month/Day/Year) 09/26/2008							y/Year)						
(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							
	RAISO, IN		(7:)														
(City)	(State)	(Zip)			Ta	ble I	- Non	-Der	ivative	Securities	Acqu	ired, Disp	osed of, or I	Beneficially	Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Dat any (Month/Day/Y		(Instr.		ction			of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership Form:	7. Nature of Indirect Beneficial Ownership			
						ode	V	Amou	(A) or	Price	`	, i		or Indirect (I) (Instr. 4)			
Common	Stock												465			I	Spouse Trustee of Trust
Common Stock												456	456		I	By Spouse	
Common Stock													16,998			D	
Common Stock 09/2			09/26/2008					S		500	D	\$ 26	13,470			I	By Spouse
Reminder:	Report on a s	separate line fo	r each class of secur	ities be	eneficial	lly ov	wned		•			nd to	the colle	ction of inf	ormation	SEC	C 1474 (9-02)
									cont	ained i	n this fo	rm ar	e not requ	uired to res OMB cont	spond unle	ess	, ,
			Table II - I								of, or Ber tible secu						
Security	2. 3. Transaction On Exercise Price of Derivative Security (Month/Day/		Execution Da	te, if T	if Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Und Sec	derlying urities (Instr. 5)			Owner Form of Deriva Securit Direct or Indi	Beneficia Ownersh (y: (D) rect	
					Code	V	(A)		Date Exer	cisable	Expiratio Date	n Titl	Amount or Number of Shares				

Reporting Owners

D 4 0 N 4	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DENNISON LOURDES M 416 SCARBOROUGH VALPARAISO, IN 46383	X					

Signatures

/s/ Lourdes M. Dennsion	09/29/2008
**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.