## 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				
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) 06/09/2009												
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							h/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																
(City	)	(State)	(Zip)			Ta	able I	- Noi	1-Dei	rivative	Securition	es Acqu	uired, Disp	osed of, or I	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)		etion	(A) or Disposed of (E (Instr. 3, 4 and 5)		of (D)			6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership				
					C	ode	V	Amour	or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)		
Common	Stock												465			I	Spouse Trustee of Trust
Common Stock												456	456		I	By Spouse	
Common Stock												16,998			D		
Common Stock 06/09		06/09/2009				S		421	D	\$ 19.05	8,249			Ι	By Spouse		
Reminder:	Report on a s	separate line fo	or each class of secur	rities bo	eneficial	lly o	wned		Pers	sons wi tained i	no resp	orm ar	e not requ	ction of inf uired to res	spond unle	ess	1474 (9-02)
								equire	ed, D	isposed		eneficia	ally Owned				
1. Title of Derivative Security (Instr. 3)  Price of Derivative Security		(Month/Day/Year) any		4. Transaction Code Year) (Instr. 8)		5.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. An Un Sec	Fitle and tount of 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 (Instr. 4)		
					Code	V	(A)	(D)	Date	e rcisable	Expirati Date	on Tit	Amount or Number of Shares				

### **Reporting Owners**

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

### **Signatures**

/s/ Lourdes M. Dennison	06/11/2009
**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.