FORM 4

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

OMB APPROVAL
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

| | pe Response | | * | | 2.7 | | 1.00 | . , | | 1' 6 | 1 1 | | 5 Palatio | nchin of Dan | orting Darce | on(s) to Issue | ar |
|--|---------------|----------------------|---|--|---|---|--------|---------------------|--|-------------|---|--|---|--|-------------------------------------|---|-------------------------------|
| Name and Address of Reporting Person DENNISON LOURDES M | | | | 2. Issuer Name and Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIN(OB)] | | | | | | | | _X_ Direc | (Che | eck all appli | | | |
| (Last) (First) (Middle) 416 SCARBOROUGH | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/22/2009 | | | | | | | | | | | | |
| (Street) | | | | 4. If A | 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 | | | | | | | | | | | | | | one reporting | , 1 013011 | |
| (City | <i>i</i>) | (State) | (Zip) | | | Ta | able I | - Noi | n-Dei | rivative | Securitio | es Acqu | ired, Disp | osed of, or I | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | 2A. Deemed Execution Date, i any (Month/Day/Year | | | (Instr. 8) | | ction | tion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | | | Ownership Form: | 7. Nature of Indirect Beneficial Ownership | |
| | | | | (Wollin Day Tear) | | | ode | V | Amoun | (A) or (D) | Price | (liisu. 3 and 4) | | | or Indirect (I) (Instr. 4) | (Instr. 4) | |
| Commor | n Stock | | | | | | | | | | | | 465 | | | I | Spouse Trustee of Trust |
| Common Stock | | | | | | | | | | | | 456 | | | I | By Spouse | |
| Common Stock | | | | | | | | | | | | 16,998 | | | D | | |
| Common Stock 0 | | 06/22/2009 | | | | : | S | | 561 | D | \$ 18.75 | 7,580 | | | I | By Spouse | |
| Reminder: | Report on a s | separate line fo | or each class of secu | rities b | eneficia | lly o | wned | direct | ly or | indirectl | у. | | | | | | |
| | | | | | | | | | cont | tained i | n this fo | orm are | e not requ | ction of inf uired to res OMB conf | spond unle | ess | 1474 (9-02) |
| | | | Table II - | | | | | | | | | | lly Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) Price of Derivative Security | | 3. Transactio | Transaction 3A. Deemed | | 4. Transaction | | 5. | | | | 7. T | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 11. Natu | |
| | | (Month/Day/Year) any | | Code Year) (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | (Month/Day/Year) US | | Und Sect | Underlying Securities (Instr. 3 and | Security (Instr. 5) | Form o Derivat Security Direct (or Indir | | Beneficia Ownershi (Instr. 4) | | |
| | | | | _ | | | 4, and | 13) | | | | | Amount | | | | |

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 | 06/23/2009 |
|---------------------------------|------------|
| **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.