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

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

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

1 37 1 1 1 1	es)												
Name and Address of Reporting Person * Diederich John 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)  Director X Officer (give title below) Other (specify below)  Executive Vice President				
(Last) (First) (Middle) 901 SENECA DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 06/22/2009							Exect	utive vice Pi	esident	
(Street) CROWN POINT, IN 46307			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				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		(Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	ant of Securities ially Owned Following d Transaction(s)		6. Ownership Form:	Beneficial
			(Month/Day/Year	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	and 4)		` /	Ownership (Instr. 4)
Common Stock	(	06/22/2009		P		1,000	A	\$ 18.75	1,000			D	
Reminder: Report on a	separate line for	each class of secur	rities beneficially o	wned direc	Perso	ons wh	o respo			ction of inf			1474 (9-02)
Reminder: Report on a	separate line for	Table II - l	Derivative Securi	ties Acquir	Perso conta the fo	ons wh ained ir orm dis	o responding this formula of the second of t	orm are currei	not requently valid	uired to res	formation spond unle trol numbe	ss	1474 (9-02)
1. Title of 2. Derivative Security (Instr. 3)  Price of Derivative Security	3. Transaction	Table II - 1  (a)  3A. Deemed Execution Da (any)	·	cies Acquir arrants, op	Persoconta the formations, 6. Date and H	ons wh ained ir orm dis	o responding this for this for Be tible second Date	neficial urities) 7. Ti Amo	not requently valid	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Natu of Indire Benefici: Ownersh (Instr. 4)

## Kepor ung Owners

D C N	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Diederich John J 901 SENECA DRIVE CROWN POINT, IN 46307			Executive Vice President				

# **Signatures**

/s/ John J. Diederich	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.