<b>FORM</b>	4
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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).

(Print or Type Perponses)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### 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 Type Respons	es)		r						1			
1. Name and Address of Reporting Person <sup>*</sup> BOCHNOWSKI DAVID A			2. Issuer Name <b>a</b> NORTHWEST [NWIN(OB)]			0.		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <u>X</u> Director <u>X</u> Officer (give title below) Chairman and CEO				
(Last) 10203 CHERRYV	3. Date of Earliest Transaction (Month/Day/Year) 09/23/2009											
(Street) MUNSTER, IN 46321			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)	Ta	ble I - Nor	1-Dei	rivative S	ecuritie	s Acqu	ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		Date (Month/Day/Year)		Code (Instr. 8)				of (D)	Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	or Indirect (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock									224,104	D		
Common Stock									9,089	Ι	Co- Trustee o Trust	
Common Stock		09/23/2009		Р		500	А	\$ 17	55,000	Ι	By Profit Sharing	
Common Stock									26,400	I	Custodian for Children	
Common Stock									24,990	Ι	By Wife	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

			(e.g.,	outs, cans	, wa	arran	ts, op	tions, conver	uble securi	lues)													
1. Title of	2.	3. Transaction	3A. Deemed	4.				6. Date Exercisable		6. Date Exercisable		6. Date Exercisable		6. Date Exercisable		6. Date Exercisable		7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Num	ber	r and Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect								
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial								
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative	ive		Securities		(Instr. 5)	Beneficially	Derivative	Ownership								
	Derivative					Secu	rities	s		(Instr. 3 and		. 3 and		Owned	Security:	(Instr. 4)							
	Security					Acqu	ired			4)			Following	Direct (D)									
						(A) o	r						Reported	or Indirect									
						Dispo	osed						Transaction(s)	(I)									
						of (D	)						(Instr. 4)	(Instr. 4)									
						(Instr	. 3,																
						4, and	15)																
											Amount												
								<b>D</b> .	<b>.</b>		or												
									Expiration		Number												
								Exercisable	Date		of												
				Code	V	(A)	(D)				Shares												

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BOCHNOWSKI DAVID A 10203 CHERRYWOOD LANE MUNSTER, IN 46321	Х	Х	Chairman and CEO					

## Signatures

/s/ David A. Bochnowski	09/24/2009
**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.