## FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
nours per response	e 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

	pe Response		*						- ··	~			5 Deleti-	achin of D	orting Day	m(a) to Ias	\w
Name and Address of Reporting Person —  Torabi Peymon					2. Issuer Name and Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Other (specify below) Senior Vice President				
(Last) (First) (Middle) 9204 COLUMBIA AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 11/05/2020									Sen	ior vice Pre	sident	
(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						
MUNST	ER, IN 46	321											FOIII III	ed by More man	One Reporting	reison	
(City	)	(State)	(Zip)			Tab	le I - N	Non-I	Derivati	ve So	ecurities A	Acqui	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		•		e, if	(Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)				Beneficially Owned Following Reported Transaction(s)  Ownersh Form:		Ownership Form:	7. Nature of Indirect Beneficial			
				(Month	Day/Y	ear)	Code	e	V Am	ount	(A) or (D)	Price	(I)		or Indirect	Ownership (Instr. 4)	
Common	Stock												1,798			D	
Common	Stock												5,006 (1)			I	By Profit Sharing
Reminder:	Report on a s	separate line fo	r each class of secur Table II - I					Pe	ersons ontaine ie form	who d in disp	respon this forr plays a c	n are urrei	not requesting noting valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
											ble secur		ly Owned				
Security	Conversion Date Execution D or Exercise (Month/Day/Year) any		(rear) 4. 5. Number Code of Derivat Securit Acquire (A) or Dispose of (D) (Instr. 3 4, and 5		dumber f Derivation cquired A) or Disposed f (D) Instr. 3,	ve es d d	and Expiration Date (Month/Day/Year)  An Un Sec (In 4)		Amo Undo Secu (Inst	itle and ount of erlying urities rr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Owners Form o Derivat Securit Direct or India	f Benefic Owners y: (Instr. 4			
				C	ode '	V (.	A) (I	Е	Oate Exercisab		Expiration Date	Title	Amount or Number of Shares				

### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Torabi Peymon 9204 COLUMBIA AVENUE MUNSTER, IN 46321			Senior Vice President					

### **Signatures**

/s/ Michelle H. Manchak, POA	11/05/2020
**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).
- (1) 47 shares acquired through purchases by the Dividend Reinvestment Plan

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.