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

Name and Address of Reporting Person* BOCHNOWSKI FRANK J		2. Issuer Name and Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIB(OB)]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below)					
(Last) 846 BLUE CRANE	(First)		3. Date of Earliest Transaction (Month/Day/Year) 01/26/2004									
(Street) VENICE, FL 34292			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									
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	Code (Instr. 8)			of (D)	Beneficia Reported	t of Securities lly Owned Following Transaction(s)		Ownership Form:	Beneficial
			(Month/Day/Year)	Code	V Amo	(A) or (D)	Price	(Instr. 3 and 4)			\ /	Ownership Instr. 4)
Common Stock	01/	/26/2004	01/26/2004	S	2,50		\$ 30	10,038			D	
Reminder: Report on a se		h class of securi	ities beneficially ow	I	Persons v contained	tly	id to t	not requ		spond unle	ss	474 (9-02)
		Table II - E	Derivative Securition	es Acquire	Persons we contained the form of the form	tly. who resporting this for isplays a control of, or Benderation.	nd to t m are currer	not requ ntly valid	uired to res OMB cont		ss	474 (9-02)
Reminder: Report on a se		Table II - E	Derivative Securities, puts, calls, wa e, if Transaction Code (Instr. 8)	es Acquire rrants, opt 5.	Persons we contained the form of the form	tly	rid to to to mare currer eficiallities) 7. Ti Amo Undo	not requ ntly valid	OMB conf	spond unle	of 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Nat p of Indir Benefic Owners (Instr. 4

Reporting Owners

D (O N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BOCHNOWSKI FRANK J 846 BLUE CRANE VENICE, FL 34292	X					

Signatures

/s/ Frank J. Bochnowski	01/26/2004
**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.