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

1. Name and Address of Reporting Person* BOCHNOWSKI DAVID A			2. Issuer Name and Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIN(OB)]					: - -	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _XDirector					
(Last) (First) (Middle) 10203 CHERRYWOOD LANE			3. Date of Earliest Transaction (Month/Day/Year) 07/19/2004						Cn	airman and	CEO			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
MUNSTER, IN 46321 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu				Acqui	uired, Disposed of, or Beneficially Owned						
(Instr. 3) Da		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, it any (Month/Day/Year	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		f (D)	Beneficia	lly Owned F Transaction	of Securities y Owned Following Transaction(s)		7. Nature of Indirect Beneficial	
				(Month/Day/Year	Code	V	Amount (A) or (D)		Price	(mstr. 3 a	anu +)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	1		07/19/2004	07/19/2004	P	1	194	$A \qquad \begin{array}{ c c } \$ \\ 3 \end{array}$	33.5	234,901			D	
Reminder:	Report on a s	separate line fo	r each class of secu	rities beneficially o	wned direc		-		d to t	the collec	ction of inf	ormation	SEC	1474 (9-02)
Reminder:	Report on a s	separate line fo	Table II -	Derivative Securit	ies Acquir	Person contai the for	ns who ined in rm disp	respon this form plays a co	m are currer	not requ ntly valid	OMB con	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of	2.	3. Transaction Date (Month/Day/	Table II - 1 3A. Deemed Execution Day	,	ies Acquir arrants, op	Persoi contai the for the for the formal the	ns who ined in rm disp posed of convertil e Exerci expiration h/Day/Y	o respon this forr blays a c f, or Bene ble secur sable 1 Date 'ear)	n are currer ficiall ities) 7. Tir Amo Unde Secu (Instru4)	not requ ntly valid	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Nat of Indir Benefic Owners (Instr. 4

Reporting Owners

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

Signatures

/s/ David A. Bochnowski	07/19/2004
**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.