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

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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

(Print or Type Responses)  1. Name and Address of Reporting Person * DEGUILIO JON E			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) 8944 LIABLE ROAD			3. Date of Earliest Transaction (Month/Day/Year) 08/18/2004							Exect	utive Vice Pr	esident		
(Street) HIGHLAND, IN 46322			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					
(City)	(State)		(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					Owned					
1.Title of Security (Instr. 3)		Date	2. Transaction Date (Month/Day/Year)		(Instr. 8)				of (D)	Beneficia Reported	nt of Securities ally Owned Following I Transaction(s)		6. Ownership Form:	Beneficial
				(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
G G 1		08/1	8/2004	08/18/2004	P		53	A	\$ 33.05	1,796		D		
Reminder: Report or	a separate line		a class of secur	rities beneficially ov	wned direc	Pers cont	ons wh	o respo	orm are	not requ		spond unle	ss	474 (9-02)
	a separate line		Table II - 1	Derivative Securit	ies Acquii	Pers cont the f	ons wh ained in form dis	no responding this formal section of the section of	orm are curre neficial	not requ ntly valid	uired to res OMB con		ss	474 (9-02)
	3. Transact Date (Month/Da	for each	Table II - 1 (3A. Deemed Execution Da	Derivative Securit (e.g., puts, calls, wa 4. Ite, if Transaction Code Year) (Instr. 8)	ies Acquii arrants, o	Pers cont the f	ons wh ained in form dis	oresponding this formula of the security of th	neficial urities) 7. Ti Amo	not requ ntly valid	uired to res OMB con	spond unle trol numbe	of 10. Ownersh Form of Derivatin Security Direct (I or Indire	11. Nature of Indire Benefic Owners (Instr. 4

D (1 0 N /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DEGUILIO JON E							
8944 LIABLE ROAD			Executive Vice President				
HIGHLAND, IN 46322							

## **Signatures**

/s/ Jon E. DeGuilio	08/18/2004
**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.