FORM 4

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

OMB APPRO	JVAL
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

(Print or Ty	pe Kesponses	•)														
Name and Address of Reporting Person* BOCHNOWSKI FRANK J			2. Issuer Name and Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIN(OB)]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below)						
846 BLU	JE CRANE	(First)		3. Date of Earliest Transaction (Month/Day/Year) 09/02/2004												
(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					
(Cit	<u>′ </u>	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				s Acquire	uired, Disposed of, or Beneficially Owned							
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	any	ion Date, if	(Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D) O	Owned Follow ransaction(s)			Form:	7. Nature of Indirect Beneficial		
				(Montr	n/Day/Year)		ode V	V At		(A) or (D)	Price	or Indirect (I)		Ownership (Instr. 4)		
Common	1		09/02/2004	09/02	/2004	N	M	1,	600 A	1	\$ 1	1,638			D	
Reminder:	Report on a s	separate line for each	n class of securities b	beneficial	lly owned d	irectly	Per	sons				collection of			ed SEC	1474 (9-02)
Reminder:	Report on a s	separate line for each			lly owned d		Per in tl disp	sons his fo plays	orm are a curre	not re ently v	equired ralid OM	to respond IB control r	unless the		ed SEC	1474 (9-02)
Reminder:	Report on a s	separate line for each		- Derivat (e.g., pu		es Acc	Perin tl disp quired, D	rsons his fo plays Dispos	orm are a curre sed of, or	not reently v	equired valid OM	to respond IB control r	unless the			1474 (9-02)
1. Title of	2. Conversion	3. Transaction Date (Month/Day/Year)	Table II - 3A. Deemed Execution Date, if	- Derivati (e.g., pu 4. Transaci Code	ive Securiti ts, calls, wa 5. Nun tion of Deriva	es Accerrants aber tive ties ed	Perin tl disp quired, D	rsons his for plays Dispos s, con Exercise on Dat	orm are a curre sed of, or vertible sable and	not reently v Benef	equired valid OM ficially O ties)	to respond B control r Owned and Amount orlying es	unless the number.		f 10. Owners Form of Derivati Security Direct (or Indire	11. Natur of Indire Beneficis Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	- Derivati (e.g., pu 4. Transaci Code	ive Securifits, calls, was 5. Number of Deriva Securification (A) or Dispos of (D) (Instr.	es Accerrants aber tive cies seed ed a3, 4,	Perin tl disp quired, D s, options 6. Date E Expiration	sons his for plays Disposs con Exercise no Dat Day/Y	orm are a curre sed of, or vertible sable and	not reently v	ralid OM ficially Oties) 7. Title a of Unde Securities	to respond B control r Owned and Amount orlying es	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Owners Form of Derivati Security Direct (or Indires)	11. Natur of Indire Beneficis Ownersh (Instr. 4)

Reporting Owners

D 41 0 N 4	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BOCHNOWSKI FRANK J 846 BLUE CRANE	X					
VENICE, FL 34292	Λ					

Signatures

/s/ Frank J. Bochnowski	09/02/2004
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.