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

(Print or Type Responses) 1. Name and Address of Reporting Person * Lowry Robert T			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) 30 CLOVER			3. Date of Earliest Transaction (Month/Day/Year) 02/09/2005							Exect	utive vice P	resident			
(Street) CROWN POINT, IN 46307				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-De				Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	any	ecution Date, if		(Instr. 8)		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		Beneficia Reported	ant of Securities ally Owned Following d Transaction(s)		Ownership Form:	Beneficial		
					(Month/Day/Year)				V Amour	(A) or Amount (D) Price				Ownership (Instr. 4)		
Common	Stock		02/0	9/2005	02/09/2005	5	P		704	A	\$ 35.05	11,281			D	
	Report on a s	eparate line fo	or each	class of secur	rities beneficia	ılly ov	wned di	Pe	ersons wl	y no respo	ond to t	not requ	ction of inf	spond unle	ess	1474 (9-02)
	Report on a s	eparate line fo	or each	Table II - l	Derivative Se	curit	ies Acq	Pe co th uired,	ersons whontained in the form diese of the form	y no respo n this fo splays a	ond to to the currer currer	not requ itly valid		spond unle	ess	1474 (9-02)
Reminder: 1	2.	3. Transaction Date (Month/Day/	on	Table II - 1	Derivative Se (e.g., puts, cal 4. te, if Transac Code	curition (3)	ies Acq arrants	uired, optio au (I) tive ies ed ed	ersons whontained in the form diese of the form	no respondent this for splays a sof, or Bertible securities and the security of the security o	neficiall prities) 7. Ti Amo Undo Secu	not requ itly valid	OMB conf	spond unle	of 10. Ownersl Form of Security Direct (I or Indire	11. Nat of Indir Benefic Owners (Instr. 2

Reporting Owners

D C N	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Lowry Robert T 730 CLOVER CROWN POINT, IN 46307			Executive Vice President				

Signatures

/s/ Robert T. Lowry	02/09/2005
**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.