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

			*								5 Deletion	schin of Don	artina Daras	n(a) to Isauo	
1. Name and Address of Reporting Person* DENNISON LOURDES M				2. Issuer Name and Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIN(OB)]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 416 SCARBOROUGH				3. Date of Earliest Transaction (Month/Day/Year) 05/19/2005											
(Street) VALPARAISO, IN 46383				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 Acqu					Acqui	ired, Disposed of, or Beneficially Owned				
(Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if	(Instr. 8)		4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities ally Owned Following I Transaction(s)		Ownership Form:	Beneficial	
					(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			\ /	Ownership (Instr. 4)
Common	Stock		05/19/20	2005	05/19/2005	S		100	D S	§ 35.55	48,700			D	
Keminger:	Report on a s	separate line fo	or each clas	ss of securi	ties beneficially ov	vned dire	-	•		nd to t	the collec	tion of inf	ormation	SEC	1474 (9-02)
Keminder:	Report on a s	separate line fo		Гable II - D	Derivative Securiti	ies Acqu	Pers cont the t	sons wh tained ir form dis	o respon this for splays a	m are currer eficiall	not requ ntly valid	ction of inf ired to res OMB cont	pond unle	ss	1474 (9-02)
1. Title of	2.	3. Transactio Date (Month/Day/	n 3A. Exe Year) any	Fable II - D	Derivative Securities, puts, calls, was 4. e, if Transaction Code (Instr. 8)	ies Acqu arrants,	Pers cont the fored, Doptions 6. Doptions (Moore s	sons whitained ir form dis isposed of convert ate Exerc Expirationth/Day/	o responding this for this for Bendible secutions between the property of the	rm are currer eficiall rities) 7. Ti Amo Undo Secu (Inst 4)	not requ ntly valid	OMB cont	pond unle	of 10. Owners: Form of Security Direct (i or Indire	11. Nat of Indir Benefic Owners (Instr. 4

Reporting Owners

P (0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DENNISON LOURDES M 416 SCARBOROUGH	X					
VALPARAISO, IN 46383						

Signatures

/s/ Lourdes M. Dennison	05/19/2005
**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.