FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 Response	s)												_				
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) 730 CLOVER				3. Date of Earliest Transaction (Month/Day/Year) 06/02/2005							y/Year)		Exec	itive vice Pi	esident			
CROWN	I POINT, I	(Street) N 46307			4. If A	Amendm	ient,	Date (Origir	nal Fi	led(Month	n/Day/Year)		_X_ Form fil	led by One Repo	Group Filing orting Person One Reporting	•	ole Line)
(City	<i>'</i>)	(State)		(Zip)			Ta	able I	- Non	-Der	ivative S	Securities	s Acq	uired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)		Date	ansaction nth/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5) (A) or Amount (D) P		of (D)	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
Common	n Stock		06/0	02/2005	06/0	2/2005	,]	P		5	A	\$ 35.1	12,204			D	
				Table II - 1					quire	the f	orm dis	splays a of, or Bei	curre	ently valid	OMB con	spond unle trol numbe		
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/	Year)	3A. Deemed Execution Datany (Month/Day/Y	te, if	4. Transact Code	tion	5.	per rative rities ired rosed) . 3, 15)	6. Da and 1 (Mon	ate Exer Expirationth/Day/	on Date 'Year)	7. 7 An Un Sec (In 4)	Amount or le Number	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Owners (Instr. 4)

Reporting Owners

D 41 0 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	06/02/2005
**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.