# FORM 4

(Print or Type Pecnonces)

# 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

Name and Address of Reporting Person*  BOCHNOWSKI DAVID A				NO	2. Issuer Name <b>and</b> Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIN(OB)]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director _X_ Officer (give title below) Chairman and CEO								
(Last) (First) (Middle) 10203 CHERRYWOOD LANE					3. Date of Earliest Transaction (Month/Day/Year) 06/27/2005								Cn	airman	and CEC	)				
(Street)						4. If Amendment, Date Original Filed(Month/Day/Year) 06/28/2005							6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
	ER, IN 46.														a by More than	One Repe	orting i cro	,ii		
(City	)	(State)		(Zip)			Tab	ole I - I	Non-l	Derivative	Secur	ities A	cqui	ired, Dispo	osed of, or I	Benefici	ally Ow	ned		
1.Title of Security (Instr. 3)		Date (Month/Day/Year) a		Executi any	A. Deemed Execution Date, if ny Month/Day/Year)		Code		(A) or Disposed of (D) (Instr. 3, 4 and 5)			) Bo	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Form: Direct (	ship Inc Be (D) Ov	7. Nature of Indirect Beneficial Ownership		
							(	Code	V	Amount	(A) or (D)	Price	e	(I) (Instr		`	ct (Instr. 4)			
Common Stock		06/28/2	06/28/2005 06/2		6/28/2005		W		6,424	A	\$ 36.73	5 6,	5,424		I	David Bochnow Co Truste of Trust		ıstee		
Reminder:	Report on a s	separate line	for each			•			P	ersons w ontained ne form d	ho res in this isplay	forms a cu	n are urrer	not requesting noting valid	ction of inf iired to res OMB cont	spond (	unless	SEC	147	4 (9-02)
				1 able 11				_		, Disposed ons, conve	-			iy Owned						
1. Title of 2. Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security						4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		te )	Amo Undo Secu	itle and bunt of erlying urities rr. 3 and	Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	tive ies cially ing ed ction(s)	10. Ownershi Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	ship f ive y: (D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	V (.	(A) (I		Date Exercisable	Expir Date	ration	Title	Amount or Number of Shares						

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BOCHNOWSKI DAVID A 10203 CHERRYWOOD LANE MUNSTER, IN 46321	X	X	Chairman and CEO				

### **Signatures**

/s/ David A. Bochnowski	06/28/2005
**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.