# 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

1. Name and Address of Reporting Person* GRAY GLORIA C				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)						
(Last) (First) (Middle) 1520 PARK DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2005												
(Street) MUNSTER, IN 46321				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person							
	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned						
(Instr. 3)			2. Trans Date (Month	n/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		f Code (Instr. 8)		(	(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities ally Owned Following Transaction(s) and 4)		Ownership Form: H Direct (D)	Beneficial Ownership
							Сс	ode	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		06/30/	/2005	06/30/2000	5	S	S		650		\$ 33	61,932			D	
				Table II - D				t quire	contai the fo d, Disp	ined ir rm dis posed o	this for plays a o of, or Beno	m are curre eficial	not requesting ntly valid		spond unle trol numbe	ss	1474 (9-02)
1. Title of	2	3. Transactio	n 3 A	A. Deemed	.g., puts, call		rrant 5.		•				itle and	8 Price of	9. Number	of 10.	11. Natur
Derivative Security (Instr. 3)		Date	Execution Dany	xecution Date	te, if Transaction Code Year) (Instr. 8)				and Expiration Date (Month/Day/Year)		Amo Und Secu	ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	hip of Indire Beneficia Ownersh (Instr. 4)	
									Date Exerci	isable	Expiration	Title	Amount or Number of				

### **Reporting Owners**

D (1 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
GRAY GLORIA C 1520 PARK DRIVE MUNSTER, IN 46321	X					

# **Signatures**

/s/ Gloria C. Gray	06/30/2005
***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.