#### FORM 4

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

OMB APPROVAL
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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

|  | pe Response   |                  | rson *   | 2 Issuer Name  | and Ticker                           | or Tr                 | ading Syr   | mhol                              |   | 5. Relation  | nship of Ren | orting Perso   | n(s) to Issue                                    | er                                 |
|--|---|------------------|--|--|--------------------------------------|-----------------------|---|-----------------------------------|---|--|--------------|--|--|------------------------------------|
| 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)  _X_ Director Officer (give title below) Other (specify below) |              |  |  |                                    |
| (Last) (First) (Middle)<br>416 SCARBOROUGH                   |   |                  |  | 3. Date of Earliest Transaction (Month/Day/Year) 10/04/2007                      |                                      |                       |   |                                   |   |  |              |  |  |                                    |
| (Street)   |   |                  |  | 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 |  |              |  |  |                                    |
| VALPARAISO, IN 46383 (City) (State) (Zip)                    |   |                  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |                                      |                       |   |                                   |   |  |              |  |  |                                    |
| (Instr. 3) Date  |   |                  |  | 2A. Deemed<br>Execution Date, if   | 3. Transaction<br>Code<br>(Instr. 8) |                       | 1   |                                   | uired<br>of (D)   | 5. Amount of Securities<br>Beneficially Owned Following<br>Reported Transaction(s)   |              |  | 6. Ownership Form:                               | Beneficial                         |
|  |   |                  | (Month/Day/Year  | Code   | V                                    | Amoun                 | (A)<br>or<br>t (D)  | Price                             | (Instr. 3 a   | Instr. 3 and 4)  |              | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)   | Ownership<br>(Instr. 4)                          |                                    |
| Common Stock   |   | 10/04/2007       |  | S  |                                      | 800                   |   | \$<br>28.75                       | 21,320  |  | I            | By<br>Spouse   |  |                                    |
| Common Stock   |   |                  |  |  |                                      |                       |   |                                   | 16,602  |  | D            |  |  |                                    |
| Reminder:  | Report on a s   | separate line fo | or each class of secur   | ·  |                                      | Pers<br>cont<br>the t | sons wh<br>tained in  | no respo<br>n this fo<br>splays a | rm are<br>curre   | not requesting ntly valid  | OMB con      | formation<br>spond unle<br>trol numbe  | ess  | 1474 (9-02)                        |
|  |   |                  |  | Derivative Securit<br>(e.g., puts, calls, w                                      |                                      |                       |   |                                   |   | ly Owned   |              |  |  |                                    |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 1111             | Execution Da<br>y/Year) any  | 4. Transaction Code Year) (Instr. 8)   | nnsaction Number a de of             |                       | . Date Exercisable<br>nd Expiration Date<br>Month/Day/Year) |                                   | Amo<br>Und<br>Secu  | derlying urities (Instr. 5)  |              | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Owners Form o Derivat Security Direct ( or Indir | Beneficia<br>Ownersh<br>(Instr. 4) |
|  |   |                  |  | Code V   | (A) (D)                              | Date                  | -   | Expiratio<br>Date                 | Title   | Amount or Number of Shares   |              |  |  |                                    |

## **Reporting Owners**

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

## **Signatures**

| /s/ Lourdes M. Dennison         | 10/08/2007 |
|---------------------------------|------------|
| **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.