## FORM 4

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

| OMB APPROVAL             |           |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |
| nours per response       | e 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 * 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) |                    |                                     |                         |              |
| 416 SCA  | )<br>RBOROU   | (First)<br>JGH  | (Middle                                 |   | 3. Date of Earliest Transaction (Month/Day/Year) 01/28/2008                      |   |  |                                    |                              |                                     |   |  |                    |                                     |                         |              |
| (Street) VALPARAISO, IN 46383                                      |   |                 |   | 4   | 4. If Amendment, Date Original Filed(Month/Day/Year)                             |   |  |                                    |                              | -                                   | 6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person |  |                    |                                     |                         |              |
| (City  |   | (State)         | (Zip)                                   | )   | T  | able I  | - Non  | -Deri                              | ivative S                    | Securities                          | Acqui   | red, Disp  | osed of, or I      | Beneficially                        | Owned                   |              |
| 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea |   | ay/Year) E      | 2A. Deemed<br>Execution Date, if<br>any |   | (Instr. 8)   |   | 4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5) |                                    |                              | Reported Transaction(s)             |   |  | Ownership<br>Form: | Beneficial                          |                         |              |
|  |   |                 |   | (1)   | Month/Day/Year   |   | ode  | V                                  | Amoun                        | (A)<br>or<br>t (D)                  | Price   | (I)  |                    | or Indirect                         | Ownership<br>(Instr. 4) |              |
| Common   | Stock   |                 | 01/28/20                                | 008   |  | ;   | S  |                                    | 500                          |                                     | \$<br>25.05   | 05 19,817  |                    |                                     | I                       | By<br>Spouse |
| Common   | Common Stock  |                 |   |   |  |   |  |                                    |                              |                                     |   | 16,602   |                    |                                     | D                       |              |
| Reminder:  | Report on a   | separate line f |   |   | ies beneficially o   |   |  | Personta<br>conta<br>the fo        | ons wh<br>ained i<br>orm dis | no respon<br>n this for<br>splays a | rm are<br>currer  | not requ<br>itly valid   | OMB conf           | ormation<br>spond unle<br>rol numbe | ss                      | 1474 (9-02)  |
| 1  |   |                 |   |   | g., puts, calls, w   |   |  |                                    |                              |                                     |   | y Owned  |                    |                                     |                         |              |
|  | Conversion or Exercise (Month/Day/Year) Price of Derivative Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if Code (Month/Day/Year) Oberivative Securities |                 | Amo<br>Unde<br>Secu                     | tle and<br>ount of<br>erlying<br>rities<br>r. 3 and |  | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Owners Form of Derivat Security Direct ( or Indir                | Ownersh<br>(Instr. 4)<br>D)<br>ect |                              |                                     |   |  |                    |                                     |                         |              |
|  |   |                 |   |   | Code V   | (A)   | (D)  | Date<br>Exerc                      |                              | Expiration Date                     | n<br>Title  | Amount<br>or<br>Number<br>of<br>Shares   |                    |                                     |                         |              |

### **Reporting Owners**

| D 4 0 V 4   | 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         | 01/28/2008 |
|---------------------------------|------------|
| **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.