# 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

|  | pe Response   |  | *   | 0.1  | 2.7      |  | 1.77   |  |  | 1' 0   |             |  | 5 Palatio   | nchin of Dan                             | orting Darse  | on(e) to Iceu                                 | ar                               |
|--|---|--|---|--|----------|--|--------|--|--|--|-------------|--|---|--|---|---|----------------------------------|
| 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) 416 SCARBOROUGH                      |   |  |   | 3. Date of Earliest Transaction (Month/Day/Year) 05/27/2008                      |          |  |        |  |  |  | y/Year)     |  |   |  |   |   |                                  |
| (Street)   |   |  |   | 4. If Amendment, Date Original Filed(Month/Day/Year)                             |          |  |        |  |  |  | n/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 |   |  |   |   |                                  |
|  | RAISO, IN   |  |   |  |          |  |        |  |  |  |             |  |   | ou by More man                           | . One reporting   | , 1 013011                                    |                                  |
| (City  | y)  | (State)                                    | (Zip)   |  |          | Ta                                     | ble I  | - Non  | -Deri                                  | ivative :  | Securities  | Acqu   | ired, Disp  | osed of, or I                            | Beneficially  | Owned   |                                  |
| (Instr. 3)   |   | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deeme<br>Execution I<br>any<br>(Month/Day | ition Da   | Date, if | (Instr. 8)                             |        | ction  | (A) or Disposed of (Instr. 3, 4 and 5) |  | of (D)      | D) Beneficially Owned Follo<br>Reported Transaction(s)   |   | ollowing                                 | 6.<br>Ownership<br>Form:<br>Direct (D)  | 7. Nature of Indirect Beneficial Ownership    |                                  |
|  |   |  |   | (WOIII   | iii/Day/ | i cai)                                 |        | ode  | V                                      | Amour  | (A) or (D)  | Price  | (Instr. 3 and 4)                                  |  |   | or Indirect (I) (Instr. 4)                    |                                  |
| Common   | n Stock   |  |   |  |          |  |        |  |  |  |             |  | 465   |  |   | I   | Spouse<br>Trustee<br>of Trust    |
| Common Stock   |   |  |   |  |          |  |        |  |  |  |             | 456  |   |  | I   | By<br>Spouse                                  |                                  |
| Common Stock   |   |  |   |  |          |  |        |  |  |  |             | 16,824   |   |  | D   |   |                                  |
| Common Stock   |   | 05/27/2008                                 |   |  |          |  | S      |  | 400                                    | D  | \$<br>27    | 14,920   |   |  | I   | By<br>Spouse                                  |                                  |
| Reminder:  | Report on a s   | separate line fo                           | r each class of secur                         | ities be   | neficial | lly ov                                 | vned o | directl  | ly or i                                | indirectl  | y           |  |   |  |   |   |                                  |
|  |   |  |   |  |          |  |        |  | cont                                   | ained i  | n this for  | rm are   | not requ  | ction of inf<br>uired to res<br>OMB cont | spond unle  | ess   | 2 1474 (9-02)                    |
|  |   |  | Table II - 1                                  |  |          |  |        |  |  |  |             |  | lly Owned   |  |   |   |                                  |
|  | erivative Conversion Date Execut<br>curity or Exercise (Month/Day/Year) any |  | 3A. Deemed<br>Execution Da<br>Year)           | Deemed 4. Transaction I Code (Instr. 8)  |          | 4. 5 Transaction N Code 0 (Instr. 8) I |        | 5.<br>Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D) |  | 6. Date Exercisable and Expiration Date (Month/Day/Year) |             | 7. T<br>Ame<br>Und<br>Secu   | Title and nount of iderlying curities istr. 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 o Derivat Securit Direct or India | Ownersh<br>(y: (Instr. 4)<br>(D) |
|  |   |  |   |  |          | (Instr. 3,<br>4, and 5)                |        |  |  |  | Amount      |  |   |  |   |   |                                  |
|  |   |  |   | _  |          |  | ,      |  |  |  |             |  |   |  |   |   |                                  |

#### **Reporting Owners**

|   | 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         | 05/27/2008 |
|---------------------------------|------------|
| **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.