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

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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

(Print or Ty	pe Response	s)														
1. Name and Address of Reporting Person* DEGUILIO JON E				2. Issuer Name and Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIN(OB)]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 8944 LIABLE ROAD				3. Date of Earliest Transaction (Month/Day/Year) 05/20/2010								Exect	utive Vice P	resident		
				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					
HIGHLA (City)	ND, IN 40	(State)	(Zip)			rable.	I Now	Dow		Caarreitiaa		ined Dien	and of out	Donoficially	Ourmad	
1 Title of S	acurity			2A. Dee			Transa		1			· ·	nt of Securiti	Beneficially	6.	7. Nature
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			Execution Date, if any		if Co	Code (Instr. 8)		(A) or Disposed of (I			Beneficia Reported	lly Owned F Transaction	ollowing	Ownership Form:	of Indirect Beneficial	
			(Month/Day/Year)			Code	V	Amoui	(A) or (D)	Price	(Instr. 3 a	nd 4)			Ownership (Instr. 4)	
Common Stock											4,168			I	By Profit Sharing	
Common Stock											500			I	By IRA	
Common	Stock		05/20/2010				D		500	D	\$ 0	82			D	
reminder.	report on a s	separate line lo	r each class of securi	Derivativ	e Secur	ities A	cquire	Pers cont the f	ons whained i	no respo n this for splays a	rm ar curre reficia	e not requently valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
1. Title of Derivative Security (Instr. 3) 3. Transaction Date Execution Date (Month/Day/Year) Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Y		e, if Tra	nsaction de	5. Nun of Deri Secu Acq (A)	nber ivative arities uired or posed D) tr. 3,	and Expiration Date (Month/Day/Year) US		7. T Am Und Sec	Citle and abount of derlying purities str. 3 and	8. Price of Derivative Security (Instr. 5) 8. Price of Derivative Security Securities Gowned Followin Reporter Transact (Instr. 4)		Ownership Form of Derivative Security: Direct (D) or Indirect	Benefici Ownersh (Instr. 4)			
				Co	ode V	(A)	(D)	Date Exer		Expiratio Date	n Titl	or Number of Shares				

Reporting Owners

D (C N)	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
DEGUILIO JON E								
8944 LIABLE ROAD			Executive Vice President					
HIGHLAND, IN 46322								

Signatures

/s/ Leane English Cerven, Attorney-in Fact for Jon E. DeGuilio	06/21/2

2010

	1		
Signature of Reporting Person		Date	
Signature of Reporting Forson			

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.

POWER OF ATTORNEY

The undersigned, Jon E. DeGuilio, herby constitutes and appoints the General Counsel/Corporate Secretary and/or the Assistant Secretary of NORTHWEST INDIANA BANCORP (the "Company"), or either of them, as the undersigned's true and lawful attorney-in-fact and agent, from the date hereof until such authority is terminated by me in writing, with full power of substitution and resubstitution, for the undersigned and in the undersigned's name, place and stead, in any and all capacities, to sign any Form 3 – Initial Statement of Beneficial Ownership of Securities, Form 4 – Statement of Changes in Beneficial Ownership of Securities, Form 5 – Annual Statement of Changes in Beneficial Ownership, or Form ID – Uniform Application For Access Codes to File on Edgar, required to be filed by the undersigned with respect to the undersigned's beneficial ownership of securities of the Company, and to file the same, with all exhibits thereto, with the Securities and Exchange Commission and any national stock market on which the Company's securities are listed, granting unto said attorney-in-fact and agent full power and authority to do and perform each and every act and thing requisite and necessary to be done, as fully to all intents and purposes as such person might or could do in person, hereby ratifying and confirming all that said attorney-in-fact and agent, or a substitute or substitutes, may lawfully do or cause to be done by virtue hereof.

Executed this 14 day of June, 2010.	
	/s/ Jon E. DeGuilio
	Jon E. DeGuilio
STATE OF INDIANA)	
) SS:	
COUNTY OF LAKE)	

Before me, the undersigned Notary Public in and for said State and County, personally appeared <u>Jon E. DeGuilio</u>, and acknowledged to me to be the person who executed the foregoing Power of Attorney as his/her act and deed, this 14th day of June, 2010.

/s/ Sally J. fox Notary Public Signature

Sally J. Fox Notary Public Printed

My Commission Expires: April 25, 2016 My County of Residence: St. Joseph