## FORM 4

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

OMB APPROVAL						
OMB Number:	3235-02	287				
Estimated average	burden					
nours per response	<b></b>	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 <b>and</b> 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) LOURDES M. DENNISON, 416 SCARBOROUGH				3. Date of Earliest Transaction (Month/Day/Year) 07/20/2011							//Year)						
(Street) VALPARAISO, IN 46383				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					
(City		(State)	(Zip)			T	able I	- Non	-Deri	ivative S	Securities	Acqu	ired, Disp	osed of, or I	Beneficially	Owned	
1.Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Year)		2A. Deemed Execution Date, if		(Instr. 8)		(A) or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form:	7. Nature of Indirect Beneficial Ownership				
			(Homas Buy					ode	V	Amour	(A) or (D)	Price	`	,		or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		07/20/2011					S		333	D	\$ 15	14,399			D	
Common	Stock												515			I	Spouse Trustee of Trust
Common	Stock												4,130			I	Spouse IRA
Reminder:	Report on a s	separate line fo	or each class of secur Table II - I	Deriva	tive Sec	curit	ies Ac	l t cquire	Personta conta the fo	ons whained in orm dis	no respo n this fo splays a	rm ard curre	e not requently valid	ction of inf uired to res OMB cont	spond unle	ess	1474 (9-02)
1 Title of	2	3 Transaction	,	<u> </u>		s, w					tible secu	<u> </u>	itle and	8 Price of	9. Number	of 10.	11. Natur
Derivative Security	erivative Conversion or Exercise (Month/Day/Year) any Execution Date, if Transaction or Code of (Month/Day/Year)		and Expiration Date (Month/Day/Year)  A U Se (I		Am Und Sec	ount of derlying urities tr. 3 and Derivative Security (Instr. 5)		Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form o Derivat Securit Direct or India	ship of Indirect Beneficia Ownershi (Instr. 4)							
					Code	V	(A)		Date Exerc	cisable	Expiratio Date	n Title	Amount or e Number of Shares				

### **Reporting Owners**

B 41 0 N	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DENNISON LOURDES M LOURDES M. DENNISON 416 SCARBOROUGH VALPARAISO, IN 46383	X						

#### **Signatures**

/s/ Lourdes M. Dennison	07/20/2011
**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.