FORM 4

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

OMB APPROVAL
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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

4 37		s)											1					
1. Name and Address of Reporting Person* BOCHNOWSKI DAVID A				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 _X_ Officer (give title below) Other (specify below) CEO and Chairman								
(Last) (First) (Middle) 10203 CHERRYWOOD LANE			3. Date of Earliest Transaction (Month/Day/Year) 04/09/2012							CF	O and Chai	man						
MUNST	ER, IN 463	(Street)			4. If Am	nendment,	Date C	Origina	al Filed	d(Month/	Day/Year)		_X_ Form fil	ual or Joint/o led by One Repo led by More than	orting Person		icable I	ine)
(City		(State)		(Zip)	Table I - Non								uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		(Instr. 8)		(A) or Dispose (Instr. 3, 4 and		isposed o	of (D)	Beneficia Reported	5. Amount of Securities Beneficially Owned Followin Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect		Nature Indirect eneficial enership estr. 4)	
							Code		V A	mount	or	Price				(I) (Instr. 4)		isu. +)
Common	Stock		04/09	9/2012			P	,	50	00		\$ 19.75	226,704	1		D		
Reminder:	Report on a s	separate line fo	or each	class of secur	ities bene	eficially ov	wned d	P	ersor	ns who	o respo			ction of inf			C 14	74 (9-02)
Reminder:	Report on a s	separate line fo	or each	Table II - 1	Derivativ	e Securiti	ies Acq	P c tl	Persor contain he for	ns who ned in m dis	o respo this fo plays a f, or Ber	rm ar curre reficia	e not requently valid	uired to res OMB con	spond unle	ss	C 14	74 (9-02)
	•			Table II - l	Derivativ	e Securiti	ies Acq	P C tl quired s, opti	Persor contain he for d, Disp ions, co	ns who ned in m dis oosed o	o respo this fo plays a f, or Ber ible secu	rm arc curre neficia prities)	e not requently valid	uired to res	spond unle trol numbe	ss r.	CC 14	, ,
1. Title of	2.	3. Transactio Date (Month/Day/	n 'Year)	Table II - 1	Derivative.g., puts 4. te, if Tra	re Securiti s, calls, wa ansaction de str. 8)	ies Acq arrants	quired s, opti	Persor contain he for d, Disp ions, co	ns who ned in m dis	o respo this for plays a f, or Ber ible secur isable in Date	rm are curre neficia rities) 7. T Am Uno Sec	e not requently valid	OMB conf	spond unle	of 10. Owner Form Deriv Secur Direc or Inc	ership of ative ity: t (D) lirect	11. Nat of Indir Benefic Owners (Instr. 4

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BOCHNOWSKI DAVID A 10203 CHERRYWOOD LANE MUNSTER, IN 46321	X		CEO and Chairman				

Signatures

/s/ David A. Bochnowski	04/09/2012
**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.