# 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

| (Print or Ty  | pe Response   | s)   |                                    |  |           |  |  |   |   |   |                            |                                       |  |             |
|---|---------------|--|------------------------------------|--|-----------|--|--|---|---|---|----------------------------|---------------------------------------|--|-------------|
| 1. Name and Address of Reporting Person * Bochnowski Benjamin J       |               |  |                                    | 2. Issuer Name and Ticker or Trading Symbol<br>NORTHWEST INDIANA BANCORP<br>[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)<br>10203 CHERRYWOOD LANE                      |               |  |                                    | 3. Date of Earliest Transaction (Month/Day/Year) 01/28/2014                            |           |  |  |   |   |   | EVP                        |                                       |  |             |
| (Street)  |               |  |                                    | 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 |                            |                                       |  |             |
| MUNST   | ER, IN 46     | 321  |                                    |  |           |  |  |   |   |   | ou of more man             | . One responding                      | 1 013011   |             |
| (City   | )             | Ta   | able I - N                         | on-Dei   | rivative  | Securities   | Acqu                                       | ired, Disp  | osed of, or l   | Beneficially  | Owned                      |                                       |  |             |
| 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)  |               | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year | Code<br>(Instr. 8                  | 3. Transaction Code (A) or Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)              |           | 5. Amount of Securities<br>Beneficially Owned Following<br>Reported Transaction(s)<br>(Instr. 3 and 4) |  |   | Ownership or B  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership   |                            |                                       |  |             |
|   |               | (Nional Bay) Tear  | Code                               | V  | Amoui     | (A) or (D)   | Price                                      | (msu. 3 a   | Louis and 4)  |   | or Indirect (I) (Instr. 4) | (Instr. 4)                            |  |             |
| Common  | Stock         |  |                                    |  |           |  |  |   |   | 4,455   |                            |                                       | D  |             |
| Common Stock 01/28/2014   |               |  | P                                  |  | 99        |  | \$<br>26.5                                 | 489   |   | I   | By<br>Profit<br>Sharing    |                                       |  |             |
| Common  | Stock         |  |                                    |  |           |  |  |   |   | 600   |                            |                                       | I  | By IRA      |
| Reminder:   | Report on a s | separate line fo   |                                    | Derivative Securit   | ies Acqui | Pers<br>cont<br>the t  | sons wi<br>tained i<br>form di<br>risposed | no respo<br>in this for<br>splays a<br>of, or Ber | rm are<br>curre<br>reficial   | e not requ<br>ntly valid  | OMB con                    | formation<br>spond unle<br>trol numbe | ess  | 1474 (9-02) |
| 1. Title of   | 2             | 3. Transaction   | ,                                  | 0 / 1 / /  | 5.        | -  | ate Exe                                    |   |   | itle and  | 8. Price of                | 9. Number                             | of 10.   | 11. Natur   |
| Derivative Conversion Date Executive or Exercise (Month/Day/Year) any |               | Execution Day<br>Year) any                                 | te, if Transaction Code (Instr. 8) |  | and (Mc   | Expiration Date nth/Day/Year)  |  | Am<br>Und<br>Sec                                  | ount of<br>derlying<br>urities<br>tr. 3 and   | Derivative<br>Security<br>(Instr. 5)  | ity Securities             | Security:<br>Direct (D<br>or Indirec  | hip of Indirec<br>Beneficia<br>Ownersh<br>(Instr. 4) |             |
|   |               |  |                                    | Code V   | (A) (D    |  | e<br>rcisable                              | Expiratio<br>Date                                 | n<br>Title  | Amount or Number of Shares  |                            |                                       |  |             |

### **Reporting Owners**

|   | Relationships |              |         |       |  |  |  |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address                                      | Director      | 10%<br>Owner | Officer | Other |  |  |  |
| Bochnowski Benjamin J<br>10203 CHERRYWOOD LANE<br>MUNSTER, IN 46321 |               |              | EVP     |       |  |  |  |

#### **Signatures**

| /s/ Benjamin J. Bochnowski | 01/28/2014 |
|----------------------------|------------|
|                            |            |

| **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.