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

1 Nomes on	pe Response	3)											
1. Name and Address of Reporting Person* WIESER JAMES L			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 10% Owner Officer (give title below) Other (specify below)					
7348 WI	nCHESTI	(First) ER LANE	(Middle)	3. Date of Earliest 06/16/2015	Transactio	n (Month/	Day/Year)						
(Street) SCHERERVILLE, IN 46375			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					
(City	<i>i</i>)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				nired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	(A)	4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		Beneficia	lly Owned Following Transaction(s)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V Am	ount (A) or (D)	Price	;			(I) (Instr. 4)	(IIIsu: 4)
Commor	n Stock								4,947 ⁽¹⁾			D	
				Derivative Securities, on puts, calls, wa	es Acquire	containe the form ed, Dispose	displays a	m are curre	e not requently valid	uired to res OMB cont	ormation spond unle trol numbe	ss	1474 (9-02)

Reporting Owners

D (O N (Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
WIESER JAMES L 7348 WINCHESTER LANE SCHERERVILLE, IN 46375						

Signatures

/s/ James L. Wieser	06/16/2015
**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).
- (1) 45 shares acquired through purchases by the Dividend Reinvestment Plan

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.