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 * MIZE STANLEY E				NO	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 Officer (give title below)						
(Last) (First) (Middle) 594 COUNTRY CLUB DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 11/19/2015													
		(Street)		4. If	4. If Amendment, Date Original Filed(Month/Day/Year)								_X_ Form fil	6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
	ΓIS, FL 33													ed by More than	опе кероп	ing reiso		
(City	r)	(State)	(Zip)			Ta	able I	- No	n-De	erivative	Securiti	es Acc	quired, Disp	osed of, or E	Beneficia	lly Owr	ied	
1.Title of S (Instr. 3)	1.Title of Security 2. Transaction Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)		3. Tra Code (Instr	2. 8)	vtion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		llowing	Form: Direct	rship Indi Ben (D) Own rect (Ins	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	Stock												28,298 (1)		D		
Common	Stock												4,532 (2)			I	Spo IRA	ouse A
Commor	ı Stock												2,028 (3)			I	for	stodian andchild
Common	Stock												17,811 <u>(4</u>)		I	Tru Tru	istee of
Commor	Stock												138 (5)			I	_	ouse istee of ist
Reminder:	Report on a	senarate line t	for each class of secu	ırities k	neneficiall	v ov	wned i	direct	tly or	r indirectl	lv.							
Temmaer.	report on a	separate line i	or each class or seed		- Concinciani,	<i>y</i> 0	wiicu	an ce	Per	sons wl	no resp	orm a	o the colle are not requ rently valid	uired to res	pond u	nless	SEC 14	474 (9-02)
			Table II -		ative Secu								ially Owned s)					
Security	Conversion	3. Transaction Date Execution Date Execution Date ice of crivative 3. Transaction Date (Month/Day/Year) (Month/Day/Year)		ate, if	4. Transacti Code	8) Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. I and (M	6. Date Exercisable and Expiration Date (Month/Day/Year) Comparison of the Exercisable A A Comparison of the Exercisable and Expiration Date (Month/Day/Year)		Title and mount of nderlying ecurities nstr. 3 and	(Instr. 5) 1 (Instr. 5) (Instr. 5) 1 (Instr. 5) (Instr. 5)		ve es ally ng d	Form of Derivative Security: Direct (D) or Indirect) [`		
										te	Expirati		Amount					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Traporting O'Mari Tumo'/ Tumo							

MIZE STANLEY E 594 COUNTRY CLUB DRIVE ATLANTIS, FL 33462	X				
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Signatures

/s/ Stanley E. Mize	11/19/2015
**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) 500 shares acquired through purchases by the Dividend Reinvestment Plan
- (2) 84 shares acquired through purchases by the Dividend Reinvestment Plan
- (3) 29 shares acquired through purchases by the Dividend Reinvestment Plan
- (4) 333 shares acquired through purchases by the Dividend Reinvestment Plan
- (5) 2 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.