FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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)												
Name and Address of Reporting Person * Bochnowski Benjamin J				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					
AAAA GOLLII IDIA ALIENIILE				3. Date of Earliest Transaction (Month/Day/Year) 01/15/2016						<u>l</u>	President, CO	<u> </u>		
(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					
	ER, IN 46													
(City)	(State)	(Zip)	Ta	able I - N	on-Dei	rivative S	Securitie	s Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			(Instr. 8) (Instr. 3, 4 and 5)		Reported Transaction(s)			Ownership of Form:	Beneficial					
			(Month/Day/Year)	Code	V	Amoun	(A) or t (D)	Price	(Instr. 3 a	(Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock									8,331			D	
Common Stock 0		01/14/2016		Р		88		\$ 30.75	826		I	By Profit Sharing		
Common	Stock									609			I	By IRA
Reminder:	Report on a s	separate line fo		Derivative Securities, output	ies Acqui	Person the fred, D	sons whatained in form dis	no responding this for splays a	orm are curre	not requesting ntly valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
1. Title of	2.	3. Transaction		0 / 1 / /	5.	-	ate Exer			itle and	8. Price of	9. Number	of 10.	11. Natur
		ise (Month/Day/Year) any (Month/Day/Y		te, if Transaction Code Year) (Instr. 8)	of (M		d Expiration Date fonth/Day/Year)		Und Seco	ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Security Direct (or Indir	Beneficia Ownersh (Instr. 4)
				Code V	(A) (D		_	Expiration Date	On Title	Amount or Number of Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Bochnowski Benjamin J 9204 COLUMBIA AVENUE MUNSTER, IN 46321	X		President, COO				

Signatures

/s/ Benjamin J. Bochnowski	01/15/2016

**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.