FORM 4	4
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Check this box if no	
longer subject to	
Section 16. Form 4 or	r
Form 5 obligations	
may continue. See	
Instruction 1(b).	

(Print or Type Responses)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 Type Response	es)		1						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 Per (Check all app <u>X</u> Officer (give title below) CEO and Ch	licable) 10% Owner Other (specify	
(Last) 9204 COLUMBIA	(First) AVENUE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/19/2016					amman			
(Street) MUNSTER, IN 46321			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)	(State)	(Zip)	Ta	ble I - No	n-De	rivative S	ecuriti	es Acq	uired, Disposed of, or Beneficial	y Owned	
1.Title of Security (Instr. 3)		y 2. Transaction Date (Month/Day/Year)		f Code (Instr. 8)		(A) or Disposed of (D)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form:	Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		01/15/2016		Р		370	А	\$ 30.5	234,204	D	
Common Stock									8,729	I	Co- Trustee o Trust
Common Stock									66,500	Ι	By Profit Sharing
Common Stock									26,400	I	Custodian for Children
Common Stock						24,990	Ι	By Wife			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

eficially owned directly or indirectly.

Persons who respond to the collection of information

SEC 1474 (9-02)

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (a.g., puts, calls, warrants, options, convertible securities)

(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.		3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	ı Nu	mber	ber and Expiration Date		Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day/Year)		Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	De	rivativ	e		Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Sec	curities			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				Ac	quired			4)			Following	Direct (D)	
					(A)							*	or Indirect	
						sposed						Transaction(s)	(I)	
					of	· /						(Instr. 4)	(Instr. 4)	
					· ·	str. 3,								
					4, 8	and 5)								
										Amount				
							Data	Emination		or				
							Date Exercisable	Expiration	Title	Number				
							Exercisable	Date		of				
				Code V	(A) (D)				Shares				

Reporting Owners

		R	elationships	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other

BOCHNOWSKI DAVID A 9204 COLUMBIA AVENUE MUNSTER, IN 46321	Х		CEO and Chairman	
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Signatures

/s/ David A. Bochnowski	01/19/2016
**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.