## 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

(Print or Ty	pe Response	s)															
1. Name and Address of Reporting Person * BOCHNOWSKI DAVID A				2. Issuer Name and Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director X_ Officer (give title below) Other (specify below)							
(Last) (First) (Middle) 9204 COLUMBIA AVENUE				3. Date of 02/07/2		st Tran	sactio	on (Mo	onth/Day	y/Year)			Ex	ecutive Ch	airman		
(Street) MUNSTER, IN 46321				If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year		f Code (Instr. 8)		tion 4. Securities Acquir (A) or Disposed of (D) (Instr. 3, 4 and 5)		of			wned Following saction(s)		p Indi Ben Owi	rature of rect eficial nership tr. 4)		
						C	ode	V	Amoun	(A) or (D)	Price				(I) (Instr. 4)		
Common	Stock		02/07/2020				A		1,011 (1)	A	\$ 0	246,440			D		
Common	Stok											8,729			I	Co- Tru Tru	stee of
Common	Stock											62,150			I	_	Profit aring
Common	Stock											17,600			I	for	stodian ildren
Common	Stock											24,990			I	Ву	Wife
Reminder:	Report on a s	separate line fo	or each class of secur	rities bene	ficially o	wned		Pers cont	ons whained i	no respo n this fo	rm ar	e not requ	ction of inf uired to res OMB con	spond un	less	EC 147	74 (9-02)
									-			lly Owned					
1. Title of Derivative Security (Instr. 3)  Price of Derivative Security		rcise (Month/Day/Year) any f tive (Month/		d 4. Date, if Transaction Code		5.		6. Dand	ions, convertible secur  6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Am Und Sec	Citle and abount of derlying purities str. 3 and	(Instr. 5) Bo		e Own s Forn lly Deri Secu Dire or In on(s) (I)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia
								Date Exer	e rcisable	Expiration Date	n Titl	Amount or Number of					

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Reporting Owner Name / Nutress						

BOCHNOWSKI DAVID A 9204 COLUMBIA AVENUE MUNSTER, IN 46321	X	X	Executive Chairman		
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### **Signatures**

/s/ Michelle Manchak, POA	02/07/2020
**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) These shares were acquired by the person pursuant to NorthWest Indiana Bancorp 2015 Stock Option and Incentive Plan which meets the requirements of 17CFR 240.16b-3, and will vest in three years after issue (02/07/2023)

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.