FORM 4	4
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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).

(Print or Type Perponses)

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

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### 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 Respon	nses)								1		
1. Name and Address of Reporting Person <sup>*</sup> BOCHNOWSKI DAVID A			2. Issuer Name <b>and</b> Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <u>X</u> _Director <u>X</u> _Officer (give title below) <u>Check (specify below)</u> <u>Check (specify below)</u> <u>Executive Chairman</u>		
(Last) 9204 COLUMB	(First) IA AVENUE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/11/2020				arman				
(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	able I - No	n-De	erivative S	Securit	ies Acqu	ired, Disposed of, or Beneficial	y Owned	
1.Title of Security (Instr. 3)		ity 2. Transaction Date (Month/Day/Year)		f Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		l 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		06/11/2020		Р		498	А	\$ 33.65	246,829	D	
Common Stock									8,729	Ι	Co- Trustee o Trust
Common Stock									62,150	Ι	Profit Sharing
Common Stock									17,600	Ι	Custodia 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.

ities beneficially 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

	(e.g., puts, calls, warrants, options, convertible securities)													
1. Title of				4.	5.		6. Date Exer					9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Nu	nber	er 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)	Der	ivative	2		Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Sec	urities		(Instr. 3 and			Owned	Security:	(Instr. 4)	
	Security				Aco	quired			4)			Following	Direct (D)	
					(A)	or						Reported	or Indirect	
					Dis	posed						Transaction(s)	(I)	
					of (	D)						(Instr. 4)	(Instr. 4)	
					(Ins	str. 3,								
					4, a	nd 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	Х	Executive Chairman	
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## Signatures

/s/ Michelle H. Manchak, POA	06/11/2020
**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).

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.