## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

1 Name ar															-
1. Name and Address of Reporting Person* Scheub Todd M.			2. Issuer Name and Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIN]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner Officer (give title below) Other (specify below)  Executive Vice President							
(Last) (First) (Middle) 9204 COLUMBIA AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 11/06/2020						Exect	itive Vice Pi	resident				
(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						
MUNST:	ER, IN 463	321									Form the	d by More than	One Reporting	reison	
(City	)	(State)	(Zip)		Ta	ble I - N	on-De	rivative	Securities	Acqu	ired, Dispo	osed of, or I	Beneficially	Owned	
1.Title of S (Instr. 3)	(Instr. 3) Date		*****	2A. Deemed Execution D any (Month/Day	ition Date, if		saction 3)	4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		of (D)			6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
				(Wolldi/Day	/ I car,	Code	V	Amour	(A) or (D)	, ,		or Indirect (I) (Instr. 4)			
Common	Stock										7,286	)		D	
Common	Stock										10,094			I	By Profit Sharing
Reminder	Report on a s	enarate line fo	r each class of secur	ties benefici	ally ov	uned dire	ctly or	indirectl	v						
Reminder:	Report on a s	separate line fo	r each class of secur	ities beneficia	ally ov	vned dire	Per	sons wh tained i	no respo n this fo	rm are	e not requ		ormation spond unle	ss	1474 (9-02)
Reminder:	Report on a s	separate line fo	Table II - I	Derivative Se	ecuriti	es Acqu	Person the	sons whatained if form disposed	no respo n this for splays a	rm are curre	e not requently valid	ired to res	spond unle	ss	1474 (9-02)
1. Title of	•	3. Transaction Date (Month/Day/	Table II - I  (a)  3A. Deemed Execution Date	Derivative So 2.g., puts, ca 4. Transa- Code	ecuriti Ils, wa ction	es Acqu	Personn the fired, I for the fired, I for the fired, I for the fired fired from the fired from t	sons whatained if form disposed	no respo n this for splays a of, or Ben tible secu cisable on Date	rm are curre reficial rities) 7. T Ame Und	e not requently valid	OMB conf	spond unle	of 10. Owners Form o Derivat Security Direct ( or Indir	11. Natu of Indire f Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Scheub Todd M. 9204 COLUMBIA AVENUE MUNSTER, IN 46321			Executive Vice President				

### **Signatures**

/s/ Michelle H. Manchak, POA	11/06/2020
**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) 286 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.