FORM 4	4
--------	---

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

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

1. Name and Address of Reporting Person [*] Bochnowski Benjamin J			2. Issuer Name and Ticker or Trading Symbol NORTHWEST INDIANA BANCORP [NWIN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner _X_ Officer (give title below)Other (specify below)			
9204 COLUMBIA A	(First) VENUE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/08/2021						President, Cl	<u>EO</u>		
MUNSTER, IN 4632	(Street) 21		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 - Non	-Der	ivative So	ecuritie	es Acqui	red, Disposed of, or Beneficially	Owned		
(Instr. 3)		Date (Month/Day/Year)	Execution Date, if any	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	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		02/08/2021		F		186	D	\$ 4,075	19,004 ⁽¹⁾	D		
Common								746	D			
Common								1,662		By Profit Sharing		

 Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
 Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.
 SEC 1474 (9-02)

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

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exe	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n Ni	umber	nber 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)	D	erivativ	ative		Securities (Instr.		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Se	ecuritie	irities		(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security				A	cquired			4)			Following	Direct (D)	
					(A	() or						Reported	or Indirect	
						isposed						Transaction(s)	< / .	
						(D)						(Instr. 4)	(Instr. 4)	
					· ·	nstr. 3,								
					4,	and 5)								
										Amount				
							Dete	E		or				
							Date Exercisable	Expiration	Title	Number				
							Exercisable	Date		of				
				Code V	/ (/	A) (E)			Shares				

Reporting Owners

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

Signatures

/s/ Michelle Manchak, POA		02/08/2021
---------------------------	--	------------

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) Payment of exercise price or tax liability by delivering or withholding securities incident to receipt, exercise or vesting of a security issued in accordance with Rule 16b-3.

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.