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 Responses | s) | | | | | | | | | | | | | |
|---|---|-----------------|---|--|-------------|---|---------------|--|---|--|--|---|------------|-------------------------------------|--------------------------|
| 1. Name and Address of Reporting Person* GORELICK JOEL | | | | 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 Officer (give title below) Other (specify below) | | | | | | |
| (Last) (First) (Middle) 9204 COLUMBIA | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2021 | | | | | | | | | | | | |
| (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 PersonForm filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acqu | | | | | ired, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | | • | Code (Instr. 8) | ction | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | | | Ownership Inc Form: Be | | Nature of direct eneficial wnership | |
| | | | (Month/Day/Year) | Code | V | Amoun | (A) or (D) | Price | (msu. 3 an | and +) | | | direct (In | str. 4) | |
| Common | | | 02/11/2021 | | A | | 296 | A | \$ 40.5 | 48,966 (1) | | D | | | |
| Common | | | | | | | | | | 882 | | | I | By Sp | ouse |
| Common | | | | | | | | | | 1,460 | | | I | fo | istodian r nildren |
| Reminder: | Report on a s | separate line f | or each class of secu | rities beneficially o | wned direct | . * | | - | | | | | | | |
| | | | | | | con | tained i | n this fo | orm ar | e not requ | ction of inf iired to res OMB cont | spond un | less | SEC 14 | 174 (9-02) |
| | | | | Derivative Securi | | | | | | | | | | | |
| | 2. Conversion or Exercise Price of Derivative Security | | on 3A. Deemed Execution Day (Year) any | 4. Transaction Code Year) (Instr. 8) | 5. | and Expiration Date (Month/Day/Year) An Un Sec | | Title and mount of inderlying curities instr. 3 and 8. Price of Derivative Security (Instr. 5) | | Derivative Securities Beneficially Owned Following Reported Transaction(s) | | Form of Derivative Security: Direct (D) or Indirect | (Instr. 4) | | |
| | | | | Code V | (A) (D) | Dat Exe | e rcisable | Expirati Date | on Tit | Amount or Number of Shares | | | | | |

Reporting Owners

| B 41 0 W 1 | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| GORELICK JOEL 9204 COLUMBIA MUNSTER, IN 46321 | X | | | | | |

Signatures

| /s/ Michelle H. Manchak, POA | 02/11/2021 |
|---------------------------------|------------|
| **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 (02/10/2024)

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.