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).

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

•			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 COLUMBI	(First) A AVENUE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/11/2021						President, Cl	EU		
MUNSTER, IN 4	(Street) 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)	Tal	ble I - Non	-Der	ivative Se	ecuritie	s Acqu	ired, Disposed of, or Beneficially	Owned		
1.Title of Security (Instr. 3)	2. Transaction Date2A. Deemed Execution Date, if (Month/Day/Year)3. Transaction Code4. Securities Acquir Code(Month/Day/Year)any (Month/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)		of (D)	5. Amount of Securities 6. Beneficially Owned Following Peported Transaction(s) Form: (Instr. 3 and 4) Direct (D)		7. Nature of Indirect Beneficial Ownership						
			(11011112 a), 1041)	Code	v	Amount	(A) or (D)	Price	(or Indirect (I) (Instr. 4)	*	
Common		02/11/2021		А		1,458	А	\$ 40.5	20,252 ⁽¹⁾	D		
Common									746	D		
Common									1,662	Ι	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

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of		3. Transaction	3A. Deemed	4.		5.						9. Number of		11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Numl	Number and Expiration Date A		Amou	unt of	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		of	of (Month/Day/Year) U		Unde	rlying	Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	· · · · · ·		Securities (Instr. 5)		Beneficially	Derivative	Ownership		
	Derivative					Secur	ities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o	r						Reported	or Indirect	
						Dispo	osed						Transaction(s)	(I)	
						of (D)						(Instr. 4)	(Instr. 4)	
						(Instr	. 3,								
						4, and	15)								
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				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 H. Manchak, POA		02/11/2021
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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.