### FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 Response	s)																	
Name and Address of Reporting Person * Lowry Robert T			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 X Officer (give title below) Other (specify below)  Executive Vice President								
9204 CO	·	(First) AVENUE	(Middle)		te of Ea 1/2021		Tran	saction	ı (Mo	onth/Day	y/Year)				Exect	itive Vice P	resident		
(Street) MUNSTER, IN 46321			4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City		(State)	(Zip)			Ta	able I	- Non	-Der	ivative S	Securiti	es Acc	quir	ed, Dispo	osed of, or I	Beneficially	Owned		
1.Title of S (Instr. 3)	Title of Security nstr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		d of (E	f (D) Beneficia		ally Owned Following I Transaction(s) and 4)		6. Ownership Form: Direct (D) or Indirect	of In Ben Own	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							C	ode	V	Amour	(A) o	r Pric	e				(I) (Instr. 4)		
Common	1		02/11/2021					A		935	A	\$ 40.:	5 1	1,023	1)		D		
Common	ı												1	4,118			I	By Pro Sha	
Common	ı												6	570			I	By Spo IR	ouse
Reminder:	Report on a s	separate line fo	or each class of secun					-	Pers cont the f	ons wh ained i orm dis	no resp n this f splays	orm a a curi	are r rent	not requ lly valid	ction of inf lired to res OMB conf	spond unle	ess	C 1474	4 (9-02)
					uts, call	s, wa		ts, opt									0 10	1.	44.37.
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Execution Da	ite, if	Code	)	of	vative rities ired rosed )	and 1	ate Exer Expirationth/Day/	on Date	A: U: Se	mou nder ecuri nstr.	3 and		9. Number Derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	rship of tive of ty: (D) rect	11. Nature of Indirect Beneficia Ownershi (Instr. 4)
					Code	V	(A)		Date Exer		Expirat Date	ion Ti	itle	Amount or Number of Shares					

### **Reporting Owners**

			Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Lowry Robert T 9204 COLUMBIA AVENUE MUNSTER, IN 46321			Executive Vice President			

#### **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 (02/11/2024)

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.