FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Response	s)															
1. Name and Address of Reporting Person* CASTO DON M III					2. Issuer Name and Ticker or Trading Symbol HUNTINGTON BANCSHARES INC/MD [HBAN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below)					
(Last) (First) (Middle) CASTO, 191 WEST NATIONWIDE BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 11/18/2003												
(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					Line)	
COLUMBUS 43215 (City) (State) (Zip)					Tabla I Nan Darivativa Saguritias A					L eani	equired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		Date (Month/Day/Year) Exc		Deemed cution Date, if nth/Day/Year)	3. Transaction Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Se		Securities wned oorted		6. Ownership Form: Direct (D)	7. Nature Indirect Beneficia	ıl		
						Code	v	Amount	(A) or (D)	Price	(III.	(Histi: 3 aliu 4)			(I) (Instr. 4)	(Insu: 1)	
Common	Stock		11/18/2003			A		701	A	\$ 21.73	44,	,709	I		I	By Issuer's Deferred Compensation Plan for Huntington Bancshares Incorporated Directors	
Common	Stock										143	3,742			D		
Common	Stock										8,4	05			I	By Wif	è
Common	Stock										46,	,960			I	By Issu Deferre Comper Plan for Directo	ed nsation r
Reminder: 1	Report on a s	separate line	e for each class of		ies beneficially		l d	Persons contained the form	who re d in th displa	is forn	n are urrer	not requally valid	ction of inf uired to res OMB cont	pone	d unless	SEC 147	74 (9-02)
				(e.	g., puts, calls,		s, opt	ions, conv	ertible	e securi	ties)						1
Security (Instr. 3)	Conversion		Executio ay/Year) any	n Date	e, if Transactic Code (Instr. 8)	5. Numb of Deriv Secur Acqu (A) or Dispo of (D) (Instr 4, and	ative ities red sed	6. Date Exand Expir and Expir (Month/D	ation D	ate r)	Amo Undo Secu	Securities (Instr. 5) Ben Ow Foll Rep Trai		Deriv Secu Bene Own Follo Repo	rative Ownershi rities Form of ficially Derivative ed Security: wing Direct (D rted or Indirect saction(s) (I)		11. Naturof Indirect Beneficia Ownershi (Instr. 4)
					Code	V (A)		Date Exercisab		piration e	Title	Amount or Number of Shares					

Reporting Owners

Relationships

Reporting Owner Name / Address	Director	10% Owner	Officer	Other
CASTO DON M III CASTO 191 WEST NATIONWIDE BLVD. COLUMBUS 43215	X			

Signatures

Elizabeth B. Moore, Power of Attorney	11/19/2003		
**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).

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.