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 Response	s)			1											-
1. Name and Address of Reporting Person* HOLBROOK KAREN A				2. Issuer Name and Ticker or Trading Symbol HUNTINGTON BANCSHARES INC/MD [HBAN]							_X_ Direc	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) THE OHIO STATE UNIVERSITY, 205 BRICKER HALL				3. Date of Earliest Transaction (Month/Day/Year) 07/29/2005						ear)						
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						y/Year)	_X_ Form fil	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
COLUM	BUS 4321	0											ed by Wore man	One Reporting Fer	son	
(City)	(State)	(Zip)			Table	I - N	lon-	Derivativ	e Seci	urities A	acquired, Disp	osed of, or E	Beneficially Ov	vned	
(Instr. 3) Da		Date (Month/Day/Year) any		Deemed ecution Date, if y (onth/Day/Year)	3. Transaction Code (Instr. 8)		n	(A) or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Form: Direct (I	Indirect Beneficia Ownersh	Beneficial Ownership	
					Cod	le	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(I) (Instr. 4)	(Instr. 4)	(Instr. 4)	
Common Stock		07/29/2005			A			2,474	A	\$ 25.10	2,474		I	By Issu Deferre Compe Plan fo Huntin Bancsh Incorpe Directe	ed ensation r gton aares orated	
Reminder:	Report on a s	separate lin	ne for each class					F c t	Persons vontained he form	who r d in th displa	nis form ays a cu	d to the collect n are not requ urrently valid	uired to res OMB cont	spond unless		74 (9-02)
			1 a		Derivative Secu (e.g., puts, calls,											
Security	2. Conversion or Exercise Price of Derivative Security		Day/Year) Execu	eemed ition Da	4. Transactic Code Year) (Instr. 8)	5. Num of Der Sect Acq (A) Disp of (I (Ins	nber ivativ uritie quirec or posec	ve es d	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V (A)) (E]	Date Exercisab		oiration te	Title Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HOLBROOK KAREN A THE OHIO STATE UNIVERSITY 205 BRICKER HALL COLUMBUS 43210	X					

Signatures

Elizabeth B. Moore	08/01/2005			
**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.