## 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. Name and Address of Reporting Person* BIGGS RAYMOND J				2. Issuer Name and Ticker or Trading Symbol HUNTINGTON BANCSHARES INC/MD [HBAN]						_x_	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_Director Officer (give title below) Other (specify below)					
(Last) (First) (Middle) P.O. BOX 46620				3. Date of Earliest Transaction (Month/Day/Year) 11/30/2005												
(Street) MT. CLEMENS 48046				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Fo	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)				Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)		Date (Month/Day/Year) Exc		Deemed coution Date, if onth/Day/Year)	Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Or Fo Di	orm: irect (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	V	Amount	(A) or (D)	Price		· · · ,	(I)			
Common Stock		11/30/200	05		A		332	A	\$ 24.03	7,445		I		By Issuer's Deferred Compensation Plan for Huntington Bancshares Incorporated Directors		
Common Stock										1,753,8	753,838			By MSI Family Partners	Ltd	
Common Stock										5,277	5,277			By Wife	è	
Reminder:	Report on a s	separate lir		Table II - D	ties beneficially  Derivative Secu	rities Ac	quire	Persons vocantained the form of	vho r in th lispla	nis form ays a co or Benef	n are not urrently v	ollection of in required to re alid OMB co	espond ບ	ınless	SEC 147	74 (9-02)
Security	Conversion		Day/Year) Exc		Code (Instr. 8)	5. Numb of Derivi Securi (A) or Dispo of (D) (Instr. 4, and	ative ative aties red sed 3, 5)	and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date		Title or Nun of	f g Derivativ Security (Instr. 5)	of 9. Num Derivat Securiti Benefic Owned Followi Reporte Transac (Instr. 4	ive es ially ing id etion(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficial	

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Audress						

#### **Signatures**

Elizabeth B. Moore	12/01/2005
***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.