FORM 4	ŀ
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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).

(Print or Type Responses)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 Type Response											-	
1. Name and Address of CASTO DON M II	2. Issuer Nam HUNTING [HBAN]			-			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner Officer (give title below) Other (specify below)					
(Last) CASTO, 191 WES	3. Date of Earl 11/30/2005	iest Transa	ction	(Month/E	Day/Ye	ar)						
(Street)			4. If Amendme	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		
COLUMBUS 4321 (City)	5 (State)	(Zip)		Table I -	Non-	Derivativ	e Seci	urities A	cquired, Disposed of, or Ber			
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	ansaction 2A. Deemed 3. 4. Securities Acquired Execution Date, if Transaction (A) or Disposed of (D)		equired d of (D)	5. Amount of Securities Beneficially Owned Following Reported6. Ownership Form:7. Nature of Indirect Beneficial Direct (D)5. Amount of Securities Ownership Transaction(s)6. Ownership7. Nature of Indirect Beneficial Ownership		7. Nature of Indirect Beneficial Ownership				
				Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock		11/30/2005		A		509	A	\$ 24.03	52,672	I	By Issuer's Deferred Compensation Plan for Huntington Bancshares Incorporated Directors	
Common Stock									146,014	D		
Common Stock									8,405	Ι	By Wife	
Common Stock									50,060	I	By Issuer's Deferred Compensation Plan for Directors	

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)

(e.g., puts, cails, warrants, options, convertible securities)															
1. Title of			3A. Deemed	4.	5	i.					le and		9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	Number ar		and Expiration Date		Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	of (Month/Day/Year)		Unde	rlying	Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	D	Derivative			Securities		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative				S	Securities		(Instr	. 3 and		Owned	Security:	(Instr. 4)		
	Security				A	Acqui	red			4)			Following	Direct (D)	
					(2	A) or							Reported	or Indirect	
					D	Dispo	sed						Transaction(s)	(I)	
					0	f(D))						(Instr. 4)	(Instr. 4)	
					(1	(Instr. 3,									
					4, and 5)		5)								
											Amount				
								-			or				
									Expiration		Number				
								Exercisable	Date		of				
				Code V	V ((A)	(D)				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	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.