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* HOLBROOK KAREN A				Н	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) _XDirector			
(Last) (First) (Middle) THE OHIO STATE UNIVERSITY, 205 BRICKER HALL					3. Date of Earliest Transaction (Month/Day/Year) 03/13/2006						ear)					
(Street)				4.	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			
	BUS, OH													one responding read		
(City)	(State)	(Zip)			Table	I - N	on-	Derivativ	e Secu	urities A	acquired, Disp	osed of, or E	Beneficially Ow	ned	
1.Title of Security (Instr. 3)		Date Exe (Month/Day/Year) any		xecution Date, if		3. Transaction Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Form: Direct (D	Indirect Beneficia Ownersh	Beneficial Ownership	
						e	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)		or Indirect (I) (Instr. 4)	et (Instr. 4)	(Instr. 4)	
Common Stock		03/13/2006						425	A	\$ 23.58	3,920		I	By Issu Deferre Compe Plan fo Huntin Bancsh Incorpe Directo	nsation r gton ares orated	
Reminder:	Report on a s	separate lir	ne for each class of					P c tl	Persons v contained he form	who r I in th	is form ays a cu	urrently valid	uired to res OMB cont	pond unless	SEC 14	74 (9-02)
			Table		ivative Secu , puts, calls,							ficially Owned ties)				
Security	2. Conversion or Exercise Price of Derivative Security		Day/Year) Execution	med on Date, i	4. Transaction Code Year) (Instr. 8)		5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		ble Date ar)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Derivative Security (Instr. 5)	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)	(D]	Date Exercisabl		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, OH 43210	X					

Signatures

Elizabeth B. Moore	03/14/2006
***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.