FORM 4

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

| OMB APPROVAL | | | | | | |
|--------------------|---------|-----|--|--|--|--|
| OMB Number: | 3235-02 | 87 | | | | |
| Estimated average | burden | | | | | |
| nours per response | e (| 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 | | | | HU | 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 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) 01/04/2007 | | | | | | | | | | | | | | | |
| COLUM | Dug ou | (Street) | | | 4. If | 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) |
| (City | BUS, OH | (State) | | (Zip) | | | | | | | | | | | | | | | | |
| | | (State) | | | | | | | - Noi | | | | | <u> </u> | | osed of, or I | | | 1 | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | Day/Year) E | ny | n Date, i | 3. Transaction Code (Instr. 8) | | | (A) or Disposed of (D) Be (Instr. 3, 4 and 5) Fo | | | | Ben Foll Trai | 5. Amount of Securities Beneficially Owned Following Reported Fransaction(s) | | C F D | 6. Ownership Form: Direct (D) | Beneficial Ownership | | | |
| | | | | | | | | Code | V | , , | Amount | (A) or (D) | Price | (III) | (Instr. 3 and 4) or Indirect (Instr. 4) | | (msu: 1) | | | |
| Common | ı Stock | | 01/04/2 | 2007 | | | | A | | Č | 94 | A | \$ 24.01 | 5,8 | 362 | | Ι | | By Issuer's Deferred Compensation Plan for Huntington Bancshares Incorporated Directors | |
| Common | on Stock | | | | | | | | | | | 2,0 | 000 | | Γ |) | | | | |
| Reminder: | Report on a s | separate lin | ne for each | a class of seco | | | | | | Pe co the | ersons v ontained e form o | vho r I in th displa | is forn ays a c | n are urrer | not requ ntly valid | ction of inf uired to res OMB cont | spond | unless | SEC 147 | 74 (9-02) |
| | | | | Table II | | | | | | | | | | | ly Owned | | | | | |
| Security (Instr. 3) | ve Conversion Date Execution Date, if Transaction Numbe or Exercise (Month/Day/Year) any Code of | | ative ities ired resed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Ti Amo Unde Secu | tle and ount of erlying rities r. 3 and | (Instr. 5) B O Fe R | Deriva Securit Benefic Owned Follow Report Transa | Derivative ecurities deneficially dwned ollowing deported dransaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Naturof Indirect Beneficia Ownershi (Instr. 4) | | | | | | | | |
| | | | | | | Code | V | (A) | (D) | | ate xercisabl | | oiration ee | 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 | 01/05/2007 |
|---------------------------------|------------|
| **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.