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 Responses | s) | | | | | | | | | | | | | | | | |
|---|---|------------|------------------------------|-------|---|--|--|---------------------|--------------------------|---|------------------------|---|---|---|--------------------------------------|---|--|-----------|
| 1. Name and Address of Reporting Person *- PORTEOUS DAVID L | | | | Н | 2. Issuer Name and Ticker or Trading Symbol HUNTINGTON BANCSHARES INC/MD [HBAN] | | | | | | 5 | 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 206 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/22/2009 | | | | | | | | | | | | | |
| | | | | 4.] | 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 | | (State) | | (Zip) | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| (Instr. 3) | | | Date (Month/Day/Year) Exe | | Execution any | onth/Day/Year) (Ins | | Transaction Code | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Ben Foll Trai | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | Form: Direct (D | | al ip |
| | | | | | ode | | | V | Amount | (A) or (D) | Price | (Ins | (Instr. 3 and 4) or Indire (I) (Instr. 4) | | t (Instr. 4) | | | |
| Common | Stock | | 04/22/2 | 009 | | | | P | | 10,000 | A | \$ 3.8003 | 354 | 4,437 | | D | | |
| Common Stock | | 04/22/2009 | | | | | A | | 19,967 | A | \$ 3.4443 | 39, | 777 | | I | By Issuer's Deferred Compensation Plan for Huntington Bancshares Incorporated Directors | | |
| Common Stock | | | | | | | | | | | | 100 | 0,807 | | I | By Chi | ldren | |
| Common Stock | | | | | | | | | | | | 9,622 | | I | By Spo | ouse | | |
| Reminder: | Report on a s | eparate l | ine for each | | II - Deri | s beneficial | uriti | es Acc | quire | Persons containe the form | who d in t displ | his form ays a cu or Benef | n are urren ficially | not requ tly valid | OMB conf | ormation pond unless rol number. | SEC 14 | 74 (9-02) |
| Security | 2. Conversion or Exercise Price of Derivative Security | | | any | n Date, it | 4. f Transact Code (Instr. 8) | tion 1 1 1 1 1 1 1 1 1 | | ative ties red sed 3, 5) | | | Date ear) | Amou Unde Secur (Instr 4) | rlying | Derivative Security (Instr. 5) | Securities Beneficially Owned Following | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficia |

Reporting Owners

| | Relationships | | | | | | |
|-----------------------------------|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| | | | | | | | |

| PORTEOUS DAVID L P.O. BOX 206 REED CITY, MI 49677 | X | | | | |
|---|---|--|--|--|--|
|---|---|--|--|--|--|

Signatures

| Elizabeth B. Moore | 04/23/2009 |
|----------------------------------|------------|
| ***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.