FORM 4	4
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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 Pesno

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

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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 Responses)											
1. Name and Address of Reporting HILLIKER D JAMES	2. Issuer Nam HUNTINGT [HBAN]			-	-	5. Relationship of Reportin (Check al 	l applicable) 10% O				
(Last) (First) HUNTINGTON CENTER, - STREET	3. Date of Earli 10/26/2009	est Transa	ction	(Month/I	Day/Ye						
(Street) COLUMBUS, OH 43287	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_Form filed by One Reporting F	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)		Table I - Non-Derivative Securities Acquire						red, Disposed of, or Beneficially Owned		
1.Title of Security (Instr. 3)	Date H (Month/Day/Year) a	Execution Date, if	3. Transactio Code (Instr. 8)	on	(A) or D	(A) or Disposed of (D) Ber (Instr. 3, 4 and 5) Re		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	eneficially Owned Following eported Transaction(s) hstr. 3 and 4) Ownership Form: Direct (D)		
			Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	10/26/2009		А		6,235	A	\$ 4.09	27,287	I	By Issuer's Deferred Compensatior Plan for Huntington Bancshares Incorporated Directors	
Common Stock								132,847	D		
Common Stock								7,640	I	By Sky Non- Qualified Retirement Plan	
Common Stock								7,783	Ι	By Wife	

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

able II -	- Derivative Securities Acquired, Disposed of, or Beneficiary C	wite
	(e.g. puts calls warrants options convertible securities)	

(e.g., puts, cans, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Numl	ber and Expiration Date A			Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur	rities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o							1	or Indirect	
						Dispo							Transaction(s)	(I)	
						of (D	· · · · · · · · · · · · · · · · · · ·						(Instr. 4)	(Instr. 4)	
						(Instr									
						4, and	15)								
											Amount				
								Dete	E		or				
								Date Exercisable	Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	1
Reporting Owner Name /	

Relationships

Address	Director	10% Owner	Officer	Other
HILLIKER D JAMES HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287	Х			

Signatures

Elizabeth B. Moore	10/27/2009
**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.