FORM 4

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

| OMB APPROVAL | | | | | |
|--------------------------|--------|-----|--|--|--|
| OMB Number: | 3235-0 | 287 | | | |
| Estimated average burden | | | | | |
| nours per response | | | | | |

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

| (Fillit of Ty | pe Response | S) | | ı | | | | | | | • | | | | |
|---|--|--------------------|--|---|----|--|--|--|-------------------------------------|---|--|----------------------------------|---------------------------------------|----------------------------|---------------|
| 1. Name and Address of Reporting Person * LAUER DAVID P | | | | 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) HUNTINGTON CENTER, 41 S. HIGH STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/26/2009 | | | | | | | | | | | |
| (Street) COLUMBUS, OH 43287 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | | |
| (City |) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | Execution Date, if | | (Instr. 8) | | 4. Securities Acquir (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of | Beneficial | nt of Securities ally Owned Following d Transaction(s) and 4) | | Ownership Form: Direct (D) | Beneficial Ownership | | |
| | | | | | | Code | V | Amour | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common | Stock | | 10/26/2009 | | | A | | 7,090 (1) | A | \$ 0 | 60,315 | 0,315 | | D | |
| Common | Stock | | | | | | | | | | 5,380 | | | I | By Wife |
| Reminder: | Report on a s | separate line fo | r each class of secur | | | | Pers cont the f | ons wh ained i orm dis | no respon n this for splays a | m ar curre | e not requently valid | | formation spond unle trol numbe | ess | C 1474 (9-02) |
| | | | | Derivative Secur e.g., puts, calls, v | | | | | | | | | | | |
| Security | rivative Conversion or Exercise (Month/Day/Year) Price of Derivative or Exercise (Derivative or Exercise of Derivative or Exercise or Exerci | | Am Und Sec | Title and ount of derlying urities str. 3 and | | 9. Number Derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owner Form of Deriva Securit Direct or Indi | Beneficia Ownersh y: (Instr. 4) | | | | | | | |
| | | | | Code V | (A | (D) | Date Exer | cisable | Expiration Date | n Titl | Amount or e Number of Shares | | | | |

Reporting Owners

| D (O N / | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| LAUER DAVID P HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287 | X | | | | | |

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).
- (1) This is a restricted stock award that vests six months following the date of grant.

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.