FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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).

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 Respo	onses)																	
1. Name and Address of Reporting Person* Dunlap James E				HU	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) Director X Officer (give title below) Other (specify below) Regional Banking Group Pres.					
(Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET					3. Date of Earliest Transaction (Month/Day/Year) 01/29/2010								Regional	l Bank	ang Group	Pres.		
(Street)				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group FilingCheck Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
COLUMBUS, C	OH 4328 (State		(Zip)			Tal	hla I - N	Jon-I	Dorivativa	Sacur	itias A	canir						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo			Executi any	A. Deemed xecution Date, if Transaction Code Month/Day/Year) Instr. 8)		on	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. 7. Nature of Indirect Form: Beneficial Ownership or Indirect (I) (Instr. 4)		al nip				
Common Stock		01/29/	2010				A	•	1,011 (1)	A	\$ 0	75,5	527			D		
Common Stock												35,6	520			I	By Issu Investr and Ta Saving (401(k)	ment x s Plan
Common Stock											9,00	53			I	By Issu Supple Stock Purcha Tax Sa Plan	mental se and	
Common Stock											8,20)3			I	by Tru	st	
Reminder: Report of	n a separat	e line for each			oeneficially			Pe	ersons w ontained e form d	ho res in this isplay	form s a cu	n are urren	not requ tly valid	ction of info ired to res OMB cont	pond	unless	SEC 14'	74 (9-02)
1 Title of 2	2 Тио			(e.g.,]	outs, calls,	, wai	rrants,	optio	ons, conve	rtible s	ecuri	ties)		Q Duina of	0. N	mbon of	10	11 Notus
Security (Instr. 3) or Exerc Price of Derivati	ative Conversion Date Execution Date, if Transaction Number and Code of (Month/Day/Year)		nd Expiration Date Month/Day/Year) Ar Ur Se		Amou Under Secur (Instr.	Gecurities (Instr. 5) Bendown (I		Deriv Secur Benef Owne Follov Repor	ative ities ficially ed wing rted action(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficia							
					Code	V	(A) (I	E	Oate Exercisable	Expir Date	ation	Title	Amount or Number of Shares					

Reporting Owners

	Relationships					
Reporting Owner Name /						

Address	Director	10% Owner	Officer	Other	
Dunlap James E HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287			Regional Banking Group Pres.		

Signatures

Elizabeth B. Moore	02/01/2010
***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).
- These are shares of restricted stock that are 100% vested; however, they may not be sold, transferred, pledged, assigned, or otherwise disposed of until the later to occur of (1) (1) or (2): (1) The date that is six months after the payment date; or (2) the earliest to occur of the following events: (A) 6 months after the repayment of any loan issued to the company under the Troubled Asset Relief Program ("TARP"), (B) January 1, 2012, or (C) a change in control of the company.

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.