## FORM 4

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

OMB APPROVAL						
OMB Number: 3235-0						
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

Ì	pe Response															
1. Name and Address of Reporting Person* STEINOUR STEPHEN D				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 X Officer (give title below)  President, CEO & Chairman					
(Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET				3. Date of Earliest Transaction (Month/Day/Year) 05/14/2010								Preside	ent, CEO & C	Chairman		
(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)		Т	able I	- Non	ı-Deri	ivative	Securities	Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		Execution Date, if Code				4. Securities Acquir (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficial	ant of Securities ally Owned Following I Transaction(s) and 4)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						(	Code		Amou	nt (A) or (D)	Price				(I) (Instr. 4)	Ì
Common	Stock		05/14/2010				A		7,399 (1)	A	\$ 0	1,418,00	1,418,006		D	
Common	Stock											200,000			I	by Trust
Reminder:	Report on a s	separate line fo	r each class of secur Table II - I	Derivativo	e Securi	ties A	cquire	Perso conta the fo	ons whained i	no responding this for splays a	rm ar curre reficia	e not requently valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
1. Title of	2	3. Transaction	,	e.g., puts,	, calls, w	arran 5.	ts, op			tible secu		itle and	8 Price of	9. Number	of 10.	11. Natur
Derivative Security	cerivative conversion or Exercise nstr. 3)  Date   Execution Date, if any   Code normal counting nstr. 3)  Execution Date, if any   Code normal counting nstr. 3)  Execution Date, if any   Code normal counting nstr. 4   Code normal counting nstr. 4   Code normal counting nstr. 4   Code normal counting nstr. 5   Code normal counting nstr. 6   Code normal counting nstr. 6   Code normal counting nstr. 6   Code normal counting nstr. 7   Code normal counting nstr. 8   Code normal counting nstr. 8		Am Und Sec	nount of derlying curities str. 3 and Derivati		Derivative Securities	Owners Form o Derivat Security Direct ( or Indir	hip of Indired Beneficia Ownersh (Instr. 4)  ect								
				Co	ode V	(A)	(D)	Date Exerc	cisable	Expiration Date	n Titl	Amount or Number of Shares				

### **Reporting Owners**

D 4 0 V /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
STEINOUR STEPHEN D HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287	X		President, CEO & Chairman			

#### **Signatures**

Elizabeth B. Moore	05/18/2010
**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.