### 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 Response	s)																
1. Name and Address of Reporting Person *- NAVARRO MARY W				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)  Director X Officer (give title below) Other (specify below)  Sr EVP of Principal Sub					
(Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET				3.1	3. Date of Earliest Transaction (Month/Day/Year) 07/26/2010									Sr E	VP of I	Principal S	ub	
COLUNA	DIIG OII	(Street)		4. I	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					
(City)	BUS, OH	(State)	(Zip)			Т	able I	- Non	-Derivative	Secur	rities A	\cauir	ed. Disp	osed of, or l	Benefic	cially Ow	ned	
(Instr. 3) Date (Month/Day/Year) ar		ear) Execut	A. Deemed 3. xecution Date, if Tran		3. Transaction Code		4. Securities Acquired (A) or Disposed of (D)			5. As Bene Repo	5. Amount of Securities		6. Ownersh Form: Direct (D or Indirec	7. Nature Indirect Benefici Ownersh	7. Nature of			
							Code	V	Amount	or (D)	Price	e				(I) (Instr. 4)		
Common	Stock		07/26/2010				A		51,670 (1)	A	\$ 0	134	,570			D		
Common Stock										13,0	629			I	By Issu Investr and Ta Saving (401(k)	ment x s Plan		
Common Stock										2,05	55			By Issuer's Supplements Stock Purchase and Tax Savings Plan		mental se and		
Reminder: 1	Report on a s	separate line	e for each class	of securities	beneficia	lly o	owned o		Persons w	ho re				ction of int			SEC 147	74 (9-02)
														OMB con				
			Tal	ble II - Deri (e.g.,	vative Se puts, cal	curi ls, w	ties Ac arrant	quire s, opt	d, Disposed	of, or	Benef securi	ficially ties)	Owned					
Derivative Conversion D		3. Transaction Date Secution Date Execution Date (Month/Day/Year) any		eemed ation Date, if	4. 5.		ative ities ired sed	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. A U U So (I		7. Titi Amou Under Secur	Title and amount of Inderlying ecurities instr. 3 and Instr. 5)  8. Price of Derivative Security (Instr. 5)		Deriv Secur Benet Owne Follo Repor	rative rities Form ficially ed Secu wing Directed or Instaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	ornership orn of rivative curity: eet (D) Indirect		
									Date Exercisable		ration		Amount or Number of					

## **Reporting Owners**

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

NAVARRO MARY W HUNTINGTON CENTER		Cu EVD of Deimoinal Cub	
41 S. HIGH STREET		Sr EVP of Principal Sub	
COLUMBUS, OH 43287			

### **Signatures**

Elizabeth B. Moore		07/28/2010			
**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).
- (1) An award of restricted stock units to be settled in shares if the Reporting Person is continuously employed by the Issuer on the later of the second anniversary of the date of grant or the date the Issuer repays 100% of the aggregate financial assistance it received under the Troubled Asset Relief Program (TARP).

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.