FORM 4

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

OMB APPROVAL
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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 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. 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. Date of Earliest Transaction (Month/Day/Year) 09/15/2010								Sr Ev	VP of P	rincipal S	sub			
COLLD	DUG OU	(Street)		4.	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ 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	BUS, OH	(State)	(Zip))		Table	I - No	n_De	rivative	Securi	ties A			osed of, or I				
(Instr. 3) Date		2. Transaction Date (Month/Day/Y	Year) Exect	2A. Deemed Execution Date, if		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		quired of	5. Amount of Beneficially (Reported Tra (Instr. 3 and 4		f Securities Owned Following insaction(s)		6. Ownership Form: Direct (D) or Indirect (I)	7. Natur Indirect Benefici	ial hip	
Commor	Stock		09/15/2010)		Coo		-	Amount 532 (1)	` '	Price \$ 0	137,23	6			(Instr. 4) D		
Commor			371372010			A			552	. 1	9 0	13,629				I	By Issu Investr and Ta Saving (401(k	ment x gs Plan
Commor	ı Stock											2,055				I	By Issu Supple Stock Purcha Tax Sa Plan	emental ase and
Reminder:	Report on a s	separate line	for each class	ble II - Der	s beneficially ivative Secu , puts, calls,	rities A	Acquir	Person the	sons w tained form di Disposed	ho res in this isplays	forms a cu Benefi	are not irrently icially O	requ valid	ction of inf ired to res OMB conf	spond	unless	SEC 14	74 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date Execution Date, if any Officiative 3. Deemed Execution Date, if any Officiative 3. Deemed Execution Date, if any Officiative 3. Transaction Execution Date, if any Officiative 3. Transaction Officiative 3. Deemed Officiative 4. Transaction Officiative Officiative 3. Deemed Officiative 4. Transaction Officiative Officiative 3. Deemed Officiative 4. Transaction Officiative Officiativ		nber ivative urities uired or posed	6. Date Exercisable and Expiration Date (Month/Day/Year) S (I		7. Title and Amount of Underlying		(Instr. 5) Bo	Deriva Securi Benef Owne Follov Repor Transa	rivative (curities I ineficially I ined I coving I corted (insaction(s)		Beneficial					
						(Ins	tr. 3,								(Instr.	4)	(Instr. 4)	

Reporting Owners

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

	NAVARRO MARY W HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287			Sr EVP of Principal Sub		
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Signatures

Elizabeth B. Moore	09/17/2010
**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.