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* 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) 10/15/2010								Regiona	l Bank	ting Group	Pres.		
(Street)					4. If	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					
COLUMBUS, OH 43287 (City) (State) (Zip)						Table I - Non-Derivative Securities Acon							cauir	quired, Disposed of, or Beneficially Owned					
(Instr. 3)		2. Transa Date (Month/	action Day/Year)	Executi any	Deemed 3. Transaction Code (Instr. 8)		on	(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. Ownersh Form: Direct (D or Indirect (I)	Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4)				
Common	Stock		10/15/2	2010			A		Ť	681 (1)	` /	\$ 0	1	,414			D		
Common	Stock												35,0	520			I	By Issu Investment and Ta Saving (401(k)	nent x s Plan
Common	Stock												9,00	63			I	By Issu Supple Stock Purcha Tax Sa Plan	mental se and
Common Stock												8,20	03			I	by Trus	st	
Reminder: 1	Report on a s	separate line	for each	class of sec	curities l	peneficially	owned	d dire	Pe	ersons w	ho res	form	are	not requ	ction of inf aired to res OMB cont	pond	l unless	SEC 147	74 (9-02)
				Table II		ative Secu outs, calls,								Owned					
Derivative Security (Instr. 3)	` `		ion 3A. Deemed Execution Da		d Date, if	4. Transactio	5. Nur of Der Sec Acq (A) Disj of ((Ins	nber ivativ uritie quirect or	ove es d	6. Date Exerciand Expiration (Month/Day/		xercisable 7. ration Date Ar Day/Year) Ur Se		tities 3 and (Instr. 5) Bene Own Follo Repo		Deriv Secur Benef Owne Follor Repor	vative Orities Fricially Deed Sowing Dorted on Saction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
						Code V	/ (A)) (E	Е	ate xercisable	Expira 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		Degional Danking Group Pres	
41 S. HIGH STREET COLUMBUS, OH 43287		Regional Banking Group Pres.	
COLUMBUS, OF 45267			

Signatures

Elizabeth B. Moore	10/19/2010
**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.