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* 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) 11/15/2010								Regiona	l Bank	ang Group	Pres.		
COLLDA	DIIG OII	(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						
(City)	BUS, OH	(State)		(Zip)			Table I -	Non-	-De	rivative	Securi	ties A	canir	ed Disne	osed of, or F	Renefic	cially Ow	ned	
(Instr. 3) Da			2. Trans Date (Month/	saction /Day/Year)	Execution any	2A. Deemed 3. Execution Date, if Transaction		tion	4. Securities Acquired		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6.	7. Nature of p Indirect Beneficial Ownership				
C	G ₄ 1		11/15/	2010			Code	V	-	Amount	(/	Price	+	751			(Instr. 4)		
Common	Stock		11/15/	2010			A		6	552 (1)	A	\$ 0	136	5,751			D	Dry Ion	. aula
Common Stock											35,0	35,620		I	Investrated and Taxasaving	By Issuer's Investment and Tax Savings Plan (401(k) Plan)			
Common Stock											9,00	63	į		Ι	By Issu Supple Stock Purcha Tax Sa Plan	mental se and		
Common Stock											8,20	03			Ι	by Tru	st		
Reminder:	Report on a s	separate line	for each			peneficially		F	ers con the	sons w Itained form d	ho res in this isplays	form	n are urren	not requ tly valid	ction of inf uired to res OMB cont	pond	unless	SEC 147	74 (9-02)
1 Title of	2	2 Tuomas at	i.a.		(e.g.,)	outs, calls,	warrants	, opt	ions	s, conve	rtible s	ecurit	ties)		Q Dries of	0. No.	unh on of	10	11 Notum
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		ıy/Year)	3A. Deeme Execution any (Month/Da	Date, if	4. Transactio Code (Instr. 8)	5. Numbo of Deriva Securit Acquir (A) or Dispos of (D) (Instr. 4, and	tive ies ed ed 3,	and	Oate Exe I Expirat onth/Day	ion Dat	e	Amount of Underlying Deriva		8. Price of Derivative Security (Instr. 5)	Deriv Secur Benet Owne Follo Repor	rities Form of Derivative Security: Direct (D) or Indirect saction(s)		11. Nature of Indirec Beneficial Ownershi (Instr. 4)
						Code V	7 (A)		Dat Exe	te ercisable	Expira Date	ation		Amount or Number of Shares					

Reporting Owners

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

Dunlap James E			
HUNTINGTON CENTER		Regional Banking Group Pres.	l
41 S. HIGH STREET		Regional Banking Gloup Fies.	ĺ
COLUMBUS, OH 43287			ĺ

Signatures

Elizabeth B. Moore	11/16/2010
**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.