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				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)							
(Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET					3. Date of Earliest Transaction (Month/Day/Year) 11/15/2010									Sr EV	/P of I	Principal S	Sub			
		(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						
COLUM (City	BUS, OH	43287 (State)		(Zip)																
		()	2 Trong		24 Do	A. Deemed 3. 4. Securities Acquired 5														
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			Execution any	on Date, if /Day/Year	f Tı Co	Transaction Code		(A) or Disposed of (D) (Instr. 3, 4 and 5)			Bene Rep	Beneficially Owned Followi Reported Transaction(s) (Instr. 3 and 4)		wing	Ownersh Form: Direct (D	ip Indirect Benefici	Indirect Beneficial Ownership			
								Code	1	V	Amount	(A) or (D)	Price	,				(I) (Instr. 4)		
Common	Stock		11/15/2	2010				A			645 (1)	A	\$ 0	139	,906			D		
Common Stock												13,0	13,629		I	By Issu Investr and Ta Saving (401(k	ment x s Plan			
Common Stock											2,0:	2,055			I	By Issu Supple Stock Purcha Tax Sa Plan	emental ase and			
Reminder:	Report on a	separate line	for each	class of sec	curities l	peneficially	y ow	vned d	lirect	ly o	or indirect	tly.								
										СО	ntained	in this	form	n are	not requ	ction of inf uired to res OMB cont	pond	unless	SEC 14	74 (9-02)
				Table II		ative Secu									y Owned					
Security	2. Conversion or Exercise Price of Derivative Security		ny/Year)	3A. Deeme Execution I any (Month/Da	d Date, if	4. Transaction Code	on 1 () () () () () () () () () (5.	er ative ities red sed	and Expiration Date (Month/Day/Year)		7. Tit Amor Unde Secur			Deriv Secur Benet Owne Follor Repor	ative ities ficially ed wing rted action(s)	Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownershij (Instr. 4)		
						Code	v	(A)	(D)		ate xercisable	Expir Date	ation	Title	Amount or Number of Shares					

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		
--	--------------------------------------------------------------------------------	--	--	-------------------------	--	--

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.