## 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			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) 11/30/2010								Sr EV	/P of F	rincipal S	ub								
(Street)				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)	(Zi	ip)			Та	hla I - N	Jon_	Dorivativa	Sacuri	tios A	\ cani										
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea		y/Year) E	2A. Deemed Execution Date, if		3. T	3. Transaction Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Sect Beneficially Owne Reported Transact (Instr. 3 and 4)		Securities Owned Follonsaction(s)	vned Following		6. 7. Natur Ownership Indirect Form: Benefic Direct (D) Owners or Indirect (Instr. 4	ial hip							
Commor	Stock		11/30/201	10				Code	V	Amount 657 (1)	` '	Price \$ 0		0,563			(Instr. 4)						
Commor			11/30/201	10				A		03/	A	φU		629			I	By Issu Investr and Ta Saving (401(k)	ment x s Plan				
Commor	ı Stock												2,0	55			I	By Issu Supple Stock Purcha Tax Sa Plan	emental ase and				
Reminder:	Report on a s	separate line	for each class	Гable II -	Deriv	ative Secu	riti	ies Acqu	P c th	ersons w ontained	ho res in this splays	forms a cu Benef	n are urrer ficiall	not requ tly valid	ction of inf iired to res OMB cont	pond	unless	SEC 14	74 (9-02)				
1. Title of Derivative Security (Instr. 3)	Conversion		Exe ay/Year) any	Deemed ecution Da	ate, if	4. Transactic Code (Instr. 8)	on	5. Number of Derivati Securitic Acquire (A) or Dispose of (D)	ve es di	6. Date Exercisable and Expiration Date (Month/Day/Year)		Date Exercisable 7. T and Expiration Date Am Month/Day/Year) Unconsection Section 2. T and Exercisable 4. T and Ex		cisable 7. Ton Date Am Year) Und Sec (Ins		7. Ti e Amo Und Secu (Inst		tle and ount of erlying rities r. 3 and	8. Price of Derivative Security (Instr. 5)	Deriv Secur Benef Owne Follov Repor	ative ities ficially ed wing rted action(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficia
								(Instr. 3, 4, and 5)						Amount									

### **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	12/01/2010
**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.