## 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 Type Responses)  |  |                          |   |  |  |  |                  |  |   |  |                               |  |   |   |
|--|--|--------------------------|---|--|--|--|------------------|--|---|--|-------------------------------|--|---|---|
| 1. Name and Address of Reporting Person* Dunlap James E  |  |                          | 2. Issuer Name and Ticker or Trading Symbol<br>HUNTINGTON BANCSHARES INC/MD<br>[HBAN] |  |  |  |                  |  |   | 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) 02/28/2013                           |  |  |  |                  |  |   |  | Regional                      | Banking Gro  | oup Pres.   |   |
| (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   |                               |  |   |   |
| COLUMBUS, OH 43287   |  |                          | Form filed by More than One Reporting Person  |  |  |  |                  |  |   |  |                               |  |   |   |
| (City) (State) (Zip)   |  |                          | Table I - Non-Derivative Securities Ac  |  |  |  |                  |  | equired, Disposed of, or Beneficially Owned   |  |                               |  |   |   |
| (Instr. 3) Date (Month/Day/Year) ar  |  | Execution any            | A. Deemed A. Deemed A. Cecution Date, if Transaction Code Month/Day/Year) (Instr. 8)  |  | (A) or Disposed of (D) (Instr. 3, 4 and 5) |  |                  | Bene                                   | 5. Amount of Securities<br>Beneficially Owned Following<br>Reported Transaction(s)<br>(Instr. 3 and 4)  |  | 6. Owner Form: Direct or Indi | ship Indire<br>Benef<br>(D) Owne                                       | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |
|  |  |                          |   | Code   | v  | Amount                                   | (A)<br>or<br>(D) | Price                                  |   |  |                               | (I)  | ` '   |   |
| Common Stock   | 02/28/2013   |                          |   | P  |  | 5,000                                    | A                | \$<br>7.039                            | 175,  | 011  |                               | D  |   |   |
| Common Stock   |  |                          |   |  |  |  |                  |  | 35,6  | 20   |                               | I  | Investand Savin   | ssuer's<br>stment<br>Fax<br>ngs Plan<br>(k) Plan) |
| Common Stock   |  |                          |   |  |  |  |                  |  | 9,06  | 3  |                               | I  | Supp<br>Stock<br>Purch  | ssuer's<br>elemental<br>c<br>hase and<br>Savings  |
| Common Stock   |  |                          |   |  |  |  |                  |  | 8,203   |  | I                             | by T   | rust  |   |
| Reminder: Report on a separate li  | ne for each class of se  | ecurities be             | neficially  | owned di   | rectly                                     | or indire                                | ctly.            |  |   |  |                               |  |   |   |
|  | Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number. |                          |   |  |  |  |                  |  |   |  |                               |  |   |   |
|  | Table I  | I - Derivat<br>(e.g., pu |   |  |  |  |                  |  |   | Owned  |                               |  |   |   |
| 1. Title of Derivative Security (Instr. 3)  2. Conversion Date (Month/Instr. 3)  3. Trans. Date (Month/Instr. 3) | Day/Year) Execution any  | ed 4<br>Date, if T       | ransactio   | 5. Number of Derivat Securit: Acquire (A) or Dispose of (D) (Instr. 3 4, and 5 | r a ive ies ed ed ed s,                    | and Expiration Date Month/Day/Year)  L S |                  | 7. Title<br>Amour<br>Underl<br>Securit | 7. Title and S. Price of Derivative Derivative Security (Instr. 5) Instr. 3 and S. Price of Derivative Derivative Security (Instr. 5) Instr. 3 and S. Price of Derivative Derivative Security Security (Instr. 5) Instr. 3 and Follow Report Transa |  |                               | Ownersh<br>Form of<br>Derivativ<br>Security:<br>Direct (I<br>or Indire | (Instr. 4)  |   |
|  |  |                          | Code V  | V (A) (  | ]  | Date<br>Exercisabl                       |                  | iration<br>e                           | Title N   | Amount<br>or<br>Number<br>of<br>Shares   |                               |  |   |   |

# **Reporting Owners**

|                        | Relationships |  |  |  |  |
|------------------------|---------------|--|--|--|--|
| Reporting Owner Name / |               |  |  |  |  |

| Address  | Director | 10%<br>Owner | Officer                      | Other |  |
|--|----------|--------------|------------------------------|-------|--|
| Dunlap James E<br>HUNTINGTON CENTER<br>41 S. HIGH STREET<br>COLUMBUS, OH 43287 |          |              | Regional Banking Group Pres. |       |  |

### **Signatures**

| Elizabeth B. Moore               | 03/01/2013 |
|----------------------------------|------------|
| ***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).

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.