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) | | | | | | | | | | | | | | | | |
|--|--|---------------------------------|----------------------|--|---|-----------|---------------------------------|---|--|---------------------------------------|---|--|----------------------------|------------------|---|---------------------------------------|--|-----------|
| Name and Address of Reporting Person * McCullough Howell D. III | | | | HU | 2. Issuer Name and Ticker or Trading Symbol HUNTINGTON BANCSHARES INC/MD [HBAN] | | | | | | Direct | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director To Other (give title below) Other (specify below) | | | | | | |
| (Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/18/2019 | | | | | | | (| CFO & Sr E | VP | | | | |
| (Street) COLUMBUS, OH 43287 | | | | 4. It | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_ Form fil | 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) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acqui | | | | | | quired, Disp | ired, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of Security (Instr. 3) | | Date (Month/Day/Year) Exect any | | ny | ution Date, if Tr | | ransaction ode | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | Own Forn Direc | n: ct (D) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | de | V | Amount | (A) or (D) | Price | (Instr. 3 and | (Instr. 3 and 4) | | or Indirect (Instr. 4) (I) (Instr. 4) | | |
| Common | Common Stock 04/18/2019 | | 19 | | | | 1 | | 49,055.211 | A | \$ 0 | 511,363.2 | 1,363.211 | | | | | |
| Common Stock | | 04/18/20 | 2019 | | | F | 7 | | 4,207 | D | \$ 13.83 | 507,156.2 | 507,156.211 | | | | | |
| Common Stock | | | | | | | | | | | | | 3,622 | | I | | By Issuer's Supplemental Stock Purchase and Tax Savings Plan | |
| Reminder: | Report on a s | separate | line for each | class of | securities | beneficia | ılly ov | wned | direc | Persons who contained in the form dis | no res | form | are not requ | ired to res | spond unle | | SEC 147 | 74 (9-02) |
| | | | | Table | | | | | | ed, Disposed ontions, conver | | | | | | | | |
| Security (Instr. 3) | 2. 3. Transaction Date (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | e 7 e A U S | . Title and mount of Inderlying ecurities Instr. 3 and | (Instr. 5) Bo | | y D So D on n(s) (I | Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownershij (Instr. 4) | | | | | | | | | |
| | | | | | | Code | V | (A) | (D) | Exercisable | Expirate Date | ation T | Amount or Number of Shares | | | | | |

Reporting Owners

| D (1 0 N / | Relationships | | | | | | |
|--|---------------|--------------|--------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| McCullough Howell D. III HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287 | | | CFO & Sr EVP | | | | |

Signatures

| Elizabeth B. Moore | 04/19/2019 |
|----------------------------------|------------|
| ***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.