FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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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* PORTEOUS DAVID L | | | | Н | 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) _X_ Director 10% Owner Officer (give title below) Other (specify below) | | | | | | |
| (Last) (First) (Middle) P.O. BOX 206 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2019 | | | | | | | | | | | | | | |
| (Street) | | | | 4.] | 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 | | | | | | | |
| REED CITY, MI 49677 | | | | | | | | | | | | | | | | | | |
| (City |) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | ied | | | | | | | | |
| 1.Title of S (Instr. 3) | ecurity | 2. Transaction Date (Month/Day/Year | | Execu any | A. Deemed 3. Execution Date, if Code Month/Day/Year) (Instr. 8) | | on | (D) (Instr. 3, 4 and 5) | | | Bene Repo | | | ing | 6. Ownership Form: Direct (D) or Indirect | Indirect Beneficia | Beneficial Ownership | |
| | | | | | | Code | V | Amount | (A) or (D) | Price | | | | (I) (Instr. 4) | | | | |
| Common | Stock | | 05/01/2019 | | | A | | 9,077 (1) | A | \$ 0 | 507 | ,160 | | | D | | | |
| Common | Stock | | | | | | | | | | 193 | ,566 | | | I | By Issu Deferre Comper Plan for Hunting Bancsha Incorpo Director | d nsation gton ares orated | |
| Common | Stock | | | | | | | | | | 9,62 | 22 | | | I | By Spo | use | |
| Common | Stock | | | | | | | | | | 17,5 | 512 | | | I | Director Deferre Comper Plan | d | |
| Reminder: | Report on a | separate line | e for each class of se | ecurities | beneficially | owned di | P | ersons w ontained | ho re | s form | n are | not requ | ction of info uired to resp OMB contr | pond | l unless | SEC 147 | 74 (9-02) | |
| | | | Table I | | vative Secui | | | , I | | | • | y Owned | | | | | | |
| Security | Conversion | | Execution any Execution | ed Date, i | 4. f Transactio Code Code (Instr. 8) | 5. | ive ies ed ed s, 5) | And Expiration Date (Month/Day/Year) And Expiration Date (In 4) Date Expiration Transport (In 4) | | 7. Tit Amo Unde Secui (Instr 4) | Securities (Instr. 5) Bene Own Follo Repo | | Deriv Secur Benet Owne Follov Repor | rative rities ficially ed wing rted raction(s) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficia | | |
| | | | | | Code V | 7 (A) (| | Exercisable | Date | | | of Shares | | | | | | |

Reporting Owners

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

| Address | Director | 10% Owner | Officer | Other |
|---|----------|--------------|---------|-------|
| PORTEOUS DAVID L P.O. BOX 206 REED CITY, MI 49677 | X | | | |

Signatures

| Elizabeth B. Moore | 05/03/2019 |
|----------------------------------|------------|
| ***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).
- (1) An award of deferred stock units the underlying shares are deliverable to the Reporting Person six months following separation from service as a director.

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.