FORM 4	4
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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).

(Print or Type Responses)

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

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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

1. Name and Address of Reporting Person [*] HOAGLIN THOMAS E			2. Issuer Name and Ticker or Trading Symbol HUNTINGTON BANCSHARES INC/MD [HBAN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director10% Owner X_Officer (give title below)Other (specify below) Chairman, President & CEO			
(Last) (First) HUNTINGTON CENTER STREET	(Middle) , 41 S. HIGH		3. Date of Earliest Transaction (Month/Day/Year) 05/01/2006								EO	
(Street) COLUMBUS, OH 43287			4. If Amendment, Date Original Fi				Month/D	ay/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) (State)	(Zip)			Table I ·	- Noi	n-Derivat	ive Se	curities Ac	quired, Disposed of, or Benef	ired, Disposed of, or Beneficially Owned		
1.Title of Security (Instr. 3)		Exec any	Deemed aution Date, if hth/Day/Year)	Code (Instr. 3, 4 and 5)		Beneficially Owned Ownership I following Reported Form: Direct (D)		Beneficial Ownership				
				Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	05/01/2006			А		10,000	A	\$ 24.1127	30,565 <u>(1)</u>	Ι	By Executive Deferred Compensation Plan	
Common Stock						12			128,982	D		
Common Stock									5,904 (2)	Ι	By Issuer's Investment and Tax Savings Plan (401(k) Plan)	
Common Stock									11,266 (2)		By Issuer's Supplemental Stock Purchase and Tax Savings Plan	

 Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
 Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.
 SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (a.g., puts, calls, warrants, ontions, convertible securities)

(e.g., puts, cans, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	ber	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Secur	rities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				Acqu	ired			4)			Following	Direct (D)	
					(A) o	r						Reported	or Indirect	
					Dispo	osed						Transaction(s)	(I)	
					of (D)						(Instr. 4)	(Instr. 4)	
					(Instr									
					4, and	15)								
										Amount				
							D (.		or				
							Date Exercisable	Expiration	Title	Number				
							Exercisable	Date		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

I		Relationships							
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
	HOAGLIN THOMAS E HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287	Х		Chairman, President & CEO					

Signatures

Elizabeth B. Moore	05/01/2006
**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) Total includes the exempt acquisition of shares via the automatic reinvestment of dividends through December 31, 2005.
- (2) Balance as of December 31, 2005.

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.