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* LEVY JONATHAN A | | | | Н | 2. Issuer Name and Ticker or Trading Symbol HUNTINGTON BANCSHARES INC/MD [HBAN] | | | | | | _X_ Direc | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director | | | | |
| (Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/16/2007 | | | | | | | | | | | |
| (Street) | | | | 4. | 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 | | | | |
| COLUM (City | BUS, OH | 43287 (State) | (Zip) | | | | | <u> </u> | | •.• • | | | | | | |
| | | (******) | 2. Transaction | 2A D | eemed | 3. | Non- | 4. Securi | | | 5. Amount o | | Senetic | 6. | 7. Natur | e of |
| (Instr. 3) Date (Month/Day/Year) | | Execu ar) any | xecution Date, if Tra | | Transaction Code | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | Ownershi Form: Direct (D or Indirec | Indirect Benefic Owners | Indirect Beneficial Ownership | | | |
| | | | | | Code | V | Amount | (A) or (D) | Price | | | | (I) (Instr. 4) | | , | |
| Common | Stock | | 08/16/2007 | | | P | | 2,000 | A | \$ 16.73 | 36,648 | | | D | | |
| Common | Stock | | | | | | | | | | 1,520 | | | I | By Childr Trusts | en's |
| Common | Stock | | | | | | | | | | 1,762 | | | I | By Corpo | rations |
| Common Stock | | | | | | | | | | 5,499 | | | I | By Far Trusts | | |
| Common Stock | | | | | | | | | | 2,963 | | | I | By Mo Trust | other's | |
| Common Stock | | | | | | | | | | 6,161 | | | I | By Sp | ouse | |
| Reminder: | Report on a s | separate line | e for each class of | securitie | s beneficially | owned dir | · | | | | | | | | | |
| | | | | | | | C | ontained | in thi | s form | to the colled are not requirently valid | uired to res | pond | unless | SEC 147 | 74 (9-02) |
| | | | Tabl | | | | | | | | icially Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | ise (Month/Day/Year) any (Month/Day/Year) Code of Derivative (Month/Day/Year) | | le ate | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | Title and nount of Derivative Security Securities str. 3 and Security Report | | ative ties Ficially I d Sving I ted caction(s) | Ownership of Form of Derivative Security: Direct (D) or Indirect | | | | | | | |
| | | | | | Code V | 7 (A) (I | F | Date Exercisable | | ration | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | | |
|-----------------------------------|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |

| LEVY JONATHAN A HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287 | X | | | | |
|---|---|--|--|--|--|
|---|---|--|--|--|--|

Signatures

| Elizabeth B. Moore | 08/17/2007 | | | |
|---------------------------------|------------|--|--|--|
| **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.