## 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 * CASTO DON M III				JH	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_ Director 10% Owner Officer (give title below) Other (specify below)				
(Last) (First) (Middle) CASTO, 191 WEST NATIONWIDE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 05/29/2008												
(Street)				4. I	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				
(City	BUS, OH	(State)	(Zip)			Table I	Non	Dowinatin	o Coon	witios A	\ aani	and Disn.	and of ow Po	onoficially O	wnod	
1.Title of Security (Instr. 3)			2. Transaction 2A Exc (Month/Day/Year) any		emed	3. Transaction Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownersl Form: Direct (1	7. Nature Indirect Beneficia	al ip	
						Code	V	Amount	(A) or (D)	Price			(I) (Instr. 4)			
Common	Stock		05/29/2008			A			A	\$ 9.07	65,0	676		I	By Issu Deferre Compe Plan fo Hunting Bancsh Incorpe Directed	nsation r gton ares orated
Common	Stock										157	,862		D		
Common	Stock										50,9	984		I	By Issu Deferre Compe Plan fo Directo	ed nsation r
Common	Stock										11,7	779		I	By Wif	îe
Reminder:	Report on a s	separate line	e for each class of so		beneficially		F	ersons vontained he form o	who re I in thi display	is form ys a c	n are urren	not requ tly valid	ction of info iired to resp OMB contr	ond unless		74 (9-02)
1 Title of	2	2 Tronggo	tion 24 Doom		puts, calls,	warrants						laand	9 Dries of (	Number of	10.	11 Notur
Derivative Security	rivative Conversion Date Execution Date, if Transaction Number and Expiractivity or Exercise (Month/Day/Year) any Code of (Month/Day/Year)		d Expiration Date Ionth/Day/Year) Am Und Sec		Amo Unde Secur (Instr	rities (Instr. 5) Ben- Owr Follo Repu			Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia						
					Code	V (A) (	]	Date Exercisabl		iration	Title	Amount or Number of Shares				

### **Reporting Owners**

Relationships

Reporting Owner Name / Address	Director	10% Owner	Officer	Other
CASTO DON M III CASTO 191 WEST NATIONWIDE BLVD. COLUMBUS, OH 43215	X			

# **Signatures**

Elizabeth B. Moore	05/29/2008
**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.