FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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* STANUTZ NICHOLAS G				HU	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) Director Officer (give title below) Other (specify below) Sr EVP of Principal Sub							
(Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET					3. Date of Earliest Transaction (Month/Day/Year) 07/27/2009									Sr Ev	VP of I	rincipal S	ub			
(Street)					4. If	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	p)			Ta	hle I -	Non	-D	erivative :	Secur	ities A	canir	ed Disna	sed of or I	Renefic	rially Ow	ned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		executiony	A. Deemed xecution Date, if		3. Transaction Code		4. Securities Acquired (A) or Disposed of (D)			5. An Bene Repo	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6.	7. Nature Indirect Beneficial	7. Nature of					
								Code	V	7	Amount	or (D)	Price	;				(Instr. 4)		
Common	Stock		07/27/2009	9				A			43,154 (<u>1)</u>	A	\$ 0	62,0)54			D		
Common	Stock													23,2	211			I	By Issu Investment and Ta Saving (401(k)	nent x s Plan
Common Stock													4,81	10			I	By Issu Supple Stock Purcha Tax Sa Plan	mental se and	
Reminder:	Report on a s	separate line	e for each class	s of secu	rities b	eneficiall [.]	y ov	vned d	irectl	ly o	or indirectl	ly.		-						
	•	•							T I	Per cor	rsons wh ntained i	no res	form	are i	not requ	ction of inf ired to res OMB cont	spond	unless	SEC 147	74 (9-02)
			Ta								Disposed				Owned					
Derivative Conversion [3. Transaction 3A. Deemed Execution De (Month/Day/Year) any		ate, if	4. 5.		er ative ties red sed 3,	and Expiration Date (Month/Day/Year) A US (I			7. Titl Amou Under Secur	Title and mount of moderlying securities nstr. 3 and mount of moderlying security (Instr. 5) 8. Price of 9. Ni Derivative Derivative Security (Instr. 5) Bend Own Follo Report Tran (Instr. 5)		Deriv Secur Benef Owne Follov Repor	vative Orities Fricially Ded Swing Drted or Saction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)			
						Code	v	(A)		Da Ex	ate tercisable	Expir Date	ration	Title	Amount or Number of Shares					
						2040		()	(-)						JV0					

Reporting Owners

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

STANUTZ NICHOLAS G HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287		Sr EVP of Principal Sub	
--	--	-------------------------	--

Signatures

Elizabeth B. Moore	07/29/2009
**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 restricted stock units to be settled in shares if the Reporting Person is continuously employed by the Issuer on the later of the second anniversary of the date of grant or the date the Issuer repays the financial assistance it received under the Troubled Asset Relief Program (TARP).

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.