## FORM 4

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

OMB APPROVAL
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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	es)																
1. Name and Address of Reporting Person * KIMBLE DONALD R				Н	2. Issuer Name and Ticker or Trading Symbol HUNTINGTON BANCSHARES INC/MD [HBAN]							: - -	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below)  Other (specify below)					
(Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET					3. Date of Earliest Transaction (Month/Day/Year) 10/15/2010							CFO & Sr. Exec. Vice President						
(Street) COLUMBUS, OH 43287				4. It	4. If Amendment, Date Original Filed(Month/Day/Year)						-	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City	<i>y</i> )	(State)	(Zip)			Ta	able I - I	Non-	Derivative	Secur	ities A	Acqui	red, Dispo	osed of, or B	Benefi	cially Ow	ned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	) any		f T	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securi Beneficially Owned Reported Transaction (Instr. 3 and 4)		wned Follow saction(s)	wing	6. Ownership Form: Direct (D) or Indirect	Beneficia Ownersh	ıl	
							Code	V	Amount	or (D)	Price					(I) (Instr. 4)		
Common	n Stock		10/15/2010				A		1,171 (1)	A	\$ 0	201	,615			D		
Common	n Stock											1,19	95			Ι	By Exe Deferre Comper Plan	d
Common	ı Stock											525	i			I	By Issu Investm and Tax Savings (401(k)	nent K s Plan
Common Stock									1,208			I	By Issu Suppler Stock Purchas Tax Sav Plan	mental se and				
Reminder:	Report on a	separate line	e for each class of s	ecurities	beneficiall	v ov	wned dir	ectly	or indirec	tlv.		1						
						, .		P	ersons w ontained	ho res	s forn	n are	not requ	ction of info ired to res OMB cont	pond	d unless	SEC 147	74 (9-02)
			Table		vative Secu								y Owned					
1. Title of Derivative Security (Instr. 3)	Conversion	Conversion Date Execution Date, if Transaction Number (Month/Day/Year) Code (Month/Day/Year) Price of Derivative Code Code (Month/Day/Year) Code (Month/Da		le ite )	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		(Instr. 5) Bene Own Follo Repo		vative rities eficially ed owing orted saction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficial							
					Code	V	(A) (I	F	Date Exercisable		ration	Title	Amount or Number of Shares					

D ( O N /	Relationships							
Reporting Owner Name / Address	Director	ctor 10% Owner Officer						
KIMBLE DONALD R HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287			CFO & Sr. Exec. Vice President					

## **Signatures**

Elizabeth B. Moore	10/19/2010
**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).
- These are shares of restricted stock that are 100% vested; however, they may not be sold, transferred, pledged, assigned, or otherwise disposed of until the later to occur of (1) (1) or (2): (1) The date that is six months after the payment date; or (2) the earliest to occur of the following events: (A) 6 months after the repayment of any loan issued to the company under the Troubled Asset Relief Program ("TARP"), (B) January 1, 2012, or (C) a change in control of the company.

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.