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* CRANE ANN B				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) _X_ Director 10% Owner Officer (give title below) Other (specify below)						
(Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET					3. Date of Earliest Transaction (Month/Day/Year) 01/21/2014														
(Street) COLUMBUS, OH 43287				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 PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqui						Acquir	aired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)			Date (Month/Day/Year) a		any	emed on Date, if Day/Year)	Code		n	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Bene	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct	(D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							le	v	Amount	(A) or (D)	Price				(I)			(2.33.1.1)	
Common Stock		01/21/2	01/21/2014			A 2,001 A \$ 34,717			I		By Issuer's Deferred Compensation Plan for Huntington Bancshares Incorporated Directors								
Common Stock												33,2	297		D				
Reminder:	Report on a s	separate lin	e for each						P c tl	ersons v ontained ne form (who re I in th displa	is forn ys a c	n are urren	not requ tly valid	ction of info ired to res OMB contr	pond unle		SEC 147	74 (9-02)
				Table II		ative Secu puts, calls,								y Owned					
Security	2. Conversion or Exercise Price of Derivative Security	3. Transac Date (Month/D		3A. Deemo Execution any (Month/Da	Date, if	Code	of Deri	ivativarities or posecond) tr. 3,	ve es d	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		(Instr. 5)		(s) (c)	Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	V (A)	(E	I	Date Exercisabl		iration	Title	Amount or Number of Shares					

Reporting Owners

D (O N /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CRANE ANN B HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287	X						

Signatures

Elizabeth B. Moore	01/22/2014
***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.