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) | | | | | | | | | | | | |
|--|--|--|---|---|---|--|--|---|--|--|---|-----------------------------------|--|---------------------|
| Name and Address of Reporting Person* Thompson Mark E | | | | 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) Senior EVP of Principal Sub. | | | | |
| HUNTINGTON CENTER, 41 S. HIGH STREET | | | | 3. Date of Earls 02/27/2014 | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2014 | | | | | | SCHOLE VI | оттинстрат | Sub. | |
| (Street) COLUMBUS, OH 43287 | | | 4. If Amendme | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | _X_ Form f | 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 | -Derivati | e Secu | ırities A | Acquired, Disp | osed of, or Bene | ficially Own | ied | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Form: | Indirect Beneficia Ownershi | Beneficial Ownership | |
| | | | | | Code | V | Amount | (A) or (D) | Price | | | (I) (Instr. 4) | | |
| Common | Stock | | 02/27/2014 | | I | | 1,681 | A | \$ 9.42 | 11,681 | | I | By Exec Deferred Comper Plan | d |
| Common | Stock | | 02/27/2014 | | I | | 3,716 | A | \$ 9.42 | 50,689 | | I | By Issue Investm and Tax Savings (401(k) | nent K s Plan |
| Common | Stock | | | | | | | | | 257,815 | | D | | |
| Common | Stock | | | | | | | | | 7,114 | | I | By Issue Suppler Stock Purchas Tax Sav Plan | mental se and |
| Reminder: | Report on a s | separate lin | e for each class of s | ecurities beneficially | owned | directl | v or indire | ctlv. | | | | | | |
| | 7 | 1 | | | | | Persons containe | who r | is forn | n are not req | ection of inform uired to respor d OMB control | nd unless | SEC 147 | 74 (9-02) |
| | | | Table 1 | II - Derivative Secu (e.g., puts, calls, | | | | | | | l | | | |
| Security | le of 2. 3. Transaction 3A. Deemed Execution Date, if Order or Exercise (Month/Day/Year) any 4. 5. Transaction Code of | | rative rities ired rosed | 6. Date Exercisable and Expiration Date (Month/Day/Year) US | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 7. Title and Amount of Derivative Deri Security Security Security Instr. 3 and S. Price of S. N. Price of Derivative Derivative Security Security Owr | | Form of 1 | 11. Natur of Indirec Beneficia Ownersh (Instr. 4) | | | |
| | | | | Code | V (A) | | Date Exercisab | | oiration se | Title Amoun or Number of Shares | | | | |

| | Relationships | | | | | | | |
|---|---------------|--------------|------------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Thompson Mark E HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287 | | | Senior EVP of Principal Sub. | | | | | |

Signatures

| Elizabeth B. Moore | 03/03/2014 |
|---------------------------------|------------|
| **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.