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 Type Re	esponses	s)			•														
1. Name and Address of Reporting Person * CASTO DON M III				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								
(Last) (First) (Middle) CASTO, 191 WEST NATIONWIDE BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 10/21/2014															
(Street)				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								
COLUMBUS, OH 43215 (City) (State) (Zip)											A 000								
1.Title of Security (Instr. 3)		<u> </u>	2. Transaction 2A. Date Exe (Month/Day/Year) any		Deemed ecution Date, if	3. Transaction Code			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Be Fo	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form: Direct (D)	7. Nature Indirect Beneficia	1	
							Code	V	Amount	(A) or (D)	Price	(Iı	(Instr. 3 and 4)			or Indirect (I) (Instr. 4)	(Instr. 4)	(Instr. 4)	
Common Sto	ock		10/21/2014				A		3,340	A	\$ 9.215	4 10	69,475			I	By Issu Deferre Comper Plan for Hunting Bancsha Incorpo Director	d nsation gton ares rated	
Common Sto	ck											2	70,053			D			
Common Sto	ock											50	0,984			I	By Issu Deferre Comper Plan for Director	d nsation	
Common Sto	ck											1	1,779			I	By Wife	e	
Reminder: Repo	ort on a s	eparate lii			rities beneficial			1	Persons containe the form	who d in t displ	his fori ays a c	n are	e not requently valid	ction of info ired to res OMB cont	pone	d unless	SEC 147	74 (9-02)	
1 7711 6 0		2 75			(e.g., puts, call				ions, con	vertib	le secur	ities))	0.70.	0.31	1 6	10	11 37 .	
(Instr. 3) Price	xercise e of ivative		Day/Year) Execu		Date, if Transaction Number and Ex		and Expi	Expiration Date Am Unday/Year) Unday/Year)		curities str. 3 and (Instr. 5) Ben Ow. Foll Rep Trai		Deriv Secur 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)	11. Nature of Indirec Beneficial Ownershi (Instr. 4)				
					Code	V	(A) (Date Exercisal		piration ite	Titl	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	10/21/2014
**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.