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	s)													
Name and Address of Reporting Person * Dunlap James E				H	2. Issuer Name and Ticker or Trading Symbol HUNTINGTON BANCSHARES INC/MD [HBAN]						Direc	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Regional Banking Group Pres.			
(Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET				3. Date of Earliest Transaction (Month/Day/Year) 02/11/2015							Regional	Banking Grou	ip Pres.		
(Street)			4	4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ Form fi	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 43287 (City) (State) (Zip)															
1.Title of Security 2. Tr (Instr. 3) Date		2. Transaction 2./ Date Ex (Month/Day/Year) ar		Deemed oution Date, if onth/Day/Year)	3. Transaction Code					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Owners Form:	7. Natur Indirect Benefic Owners	7. Nature of Indirect Beneficial Ownership	
					Code	V	Amount	(A) or (D)	Price				(Instr. 4))	
Common	Stock		02/11/2015			F		649 <u>(1)</u>	D	\$ 10.5	240,838		D		
Common	Stock										35,620		I	By Iss Investi and Ta Saving (401(k	ment
Common	Stock										9,063		I	By Iss Supple Stock Purcha Tax Sa Plan	emental ase and
Common Stock									8,203		I	by Tru	st		
Reminder:	Report on a s	separate line	e for each class o	e II - De	rivative Secu	rities Acqı	P c th	ersons vontained ne form o	vho re in this lisplay	s form s a cu Benef	I to the colle n are not req urrently valid	uired to resp d OMB contr	ond unless		74 (9-02)
Security	2. Conversion or Exercise Price of Derivative Security		Executary/Year) any	emed on Date,	4. Transactio Code (Instr. 8)	5. Number of Derivati	and Expiration Date (Month/Day/Year) erivative scurities equired (N) or sisposed (D) enstr. 3,		le ite)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Title and ount of derlying urities str. 3 and Security (Instr. 5) 8. Price of Derivative Security Security Security Security Owned Followin Reporte Transac (Instr. 4)		10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficial	
					Code V	/ (A) (I	F	Date Exercisable		ration	Amount or Title Number of Shares				

Reporting Owners

	Relationships				
Reporting Owner Name /					

	Address	Director	10% Owner	Officer	Other	
Dunlap James E HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287				Regional Banking Group Pres.		

Signatures

Elizabeth B. Moore	02/12/2015
***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)
- $\textbf{(1)} \ \ \text{Shares were withheld to cover the associated tax liability upon the vesting of a previously granted award of RSUs} \ .$

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.