## 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 * Thompson Mark E				HU	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.						
(Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET					3. Date of Earliest Transaction (Month/Day/Year) 02/11/2017								Semor E	VP OI	Principal	Sub.			
(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 Person Form filed by More than One Reporting Person							
(City	)	(State)	(2	Zip)			Ta	able I -	Non	-Derivativ	e Secu	ırities A	Acqui	red, Dispo	osed of, or B	enefic	ially Ow	ned	
(Instr. 3)		2. Transacti Date (Month/Day	//Year) E	ny	n Date, if	3. Transaction Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			Ben Rep	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ving (	Form: Direct (D) or Indirec	Beneficia	ıl		
								Code	V	Amount	or (D)	Price					(I) (Instr. 4)		
Common	Stock		02/11/201	17				F		1 142	D	\$ 13.62	384	1,227		]	D		
Common	Stock												14,	695		]	[	By Exe Deferre Comper Plan	d
Common	Stock												65,	364		]	Í	By Issu Investmand Tax Savings (401(k)	nent K S Plan
Common Stock													18,	691		1	ſ	By Issu Suppler Stock Purchas Tax Sav Plan	mental se and
D !	D		1 1.			6:.:11		1 1:	41		41							<u> </u>	
Keilinger.	Report on a s	separate iii	ne for each cla	188 01 800	urities o	enencian	y O	wiied di		Persons v	vho r in th	is forn	n are	not requ	ction of info uired to resp OMB contr	pond	unless	SEC 147	74 (9-02)
				Table II -	- Deriva	ative Secu	ırit	ies Acq	uire	d, Dispose	d of, o	or Bene	ficiall	y Owned					
1. Title of	2.	3. Transac	ction 3A	. Deemed		outs, calls		arrants 5.	, opt	ions, conv				tle and	8. Price of	9. Nu	mber of	10.	11. Nature
1. Title of 2.  Derivative Conversion or Exercise (Instr. 3)  Price of Derivative Security  Security  3. Transactic Date (Month/Day/		Execution Da ay/Year) any		Date, if	Year)  Transaction Code  Year)  (Instr. 8)  Derivative Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		tive ies ed ed	and Expiration Date (Month/Day/Year)  S (I			Amo Unde Secu	Amount of Underlying Security Securities (Instr. 3 and 4)  Derivative Security Security (Instr. 5)  Hencomorphism (Instr. 5)  Bene Own Follo Repo		Deriva Securi Benef Owne Follov Repor	vative Curities Feficially Edd Sowing Dorted osaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect			
						Code	V	(A) (	(U)	Date Exercisabl		piration ee	Title	or Number of Shares					

## **Reporting Owners**

P ( 0 N /	Relationships							
Reporting Owner Name / Address	Director	ector 10% Owner Officer						
Thompson Mark E HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287			Senior EVP of Principal Sub.					

#### **Signatures**

Elizabeth B. Moore	02/14/2017
**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.