FORM 4

(Print or Type Responses)

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

| Name and Address of Reporting P 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, 4 STREET | (Middle) 1 S. HIGH | 3. Date of Earl 04/19/2017 | iest Tra | ansac | ction | ι (Month/Γ | Day/Ye | ear) | | | Semoi 1 | 2 1 01111 | пстраг | sub. | |
| (Street) COLUMBUS, OH 43287 | | 4. If Amendme | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) | (Zip) | | Table | e I - N | Non- | -Derivativ | e Secu | ırities A | Acquire | d, Dispo | osed of, or B | Beneficiall | y Own | ed | |
| (Instr. 3) | Date Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code | | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Forr Dire | n: ect (D) ndirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Stock 0 | 4/19/2017 | | A | | | 42,330 | ` ′ | \$ 0 | 447,8 | 372 | | D | | | |
| Common Stock 0 | 14/19/2017 | | F | | | 5,069 | D | \$ 12.59 | 442,8 | 303 | | D | | | |
| Common Stock | | | | | | | | | 14,69 | 95 | | I | | By Exec Deferre Comper Plan | ed |
| Common Stock | | | | | | | | | 65,36 | 54 | | I | | By Issu Investment Tax and Tax Savings (401(k) | nent x s Plan |
| Common Stock | | | | | | | | | 18,69 | 91 | | I | | By Issu Suppler Stock Purchas Tax Sav Plan | mental se and |
| Damindam Danant on a consenta line | for each class of se | | | | 41. | | | | 1 | | | <u> </u> | | | |
| Reminder: Report on a separate line | for each class of se | curities beneficially | y owne | ea air | F | Persons v | who re | is forn | n are no | ot requ | ction of info ired to res OMB cont | pond un | less | SEC 147 | 74 (9-02) |
| | Table I | I - Derivative Secu | | | | | | | | Owned | | | | | |
| 1. Title of Derivative Conversion Date Security Or Exercise (Month/Day/Year) 3A. Deemed Execution Date any | | (8/1 / | 5. Number of | | ive es d | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title Amoun Underly Securiti (Instr. 3 | . Title and xmount of Derivative Derivative Security (Instr. 5) Instr. 3 and (Instr. 5) | | | e G H Hly I S S On(s) (| Form of | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | Code | V (A | .) (I | | Date Exercisabl | | oiration e | Title o | lumber | | | | | |

Reporting Owners

| D (1 0 N / | 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 | 04/21/2017 |
|----------------------------------|------------|
| ***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).

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.