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 * Syal Rajeev | | | | 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) | | | | | | | | |
| (Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/18/2019 | | | | | | | | | | SEVP | | | | | | |
| (Street) COLUMBUS, OH 43287 | | | | 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) (Zip) | | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | Date (Month/Day/Year) a | | Execution Date, if T | | Code | | | 4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5) | | red (A) | Benefic Reporte | amount of Securities deficially Owned Following ported Transaction(s) str. 3 and 4) | | Ownership (Form: Direct (D) or Indirect (I) (Instr. 4) | ip of Be O) Ov | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code ' | | V | . , | | Price | | | | | | | |
| Common | Stock | | 04/18/20 | 019 | | | | A | | | 32,704.0 | 02 | - | \$ 0 | 201,63 | 6.02 | | D | | |
| Common Stock 04/18/2019 | | | | | F | | | 9,926 | | 1) | \$ 13.83 | 191,710.02 | | D | | | | | | |
| Reminder: | Report on a | separate line | | | | | | | | Per cor the | rsons wh ntained i | no r n th spla | nis for ays a o | m are curren | not requ itly valid | ction of inf uired to res OMB conf | spond unle | ess | EC 14 | 74 (9-02) |
| | | | | Table II - | | | | | | | ns, conver | | | | y Ownea | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date Execution Dor Exercise (Month/Day/Year) any | | ecution Da | | te, if Transaction Number | | an | and Expiration Date (Month/Day/Year) Art Ur Se | | Amo Unde Secur (Instr | ount of erlying urities r. 3 and Derivative Security (Instr. 5) | | Beneficially Owned Following Reported | Own Form Deriv Secu Direct or Indust) | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Natur of Indirec Beneficia Ownershi (Instr. 4) | | | | |
| | | | | | | Code | V | (A) | (D) | Da Ex | | Exp Dat | oiration te | Title | Amount or Number of Shares | | | | | |

Reporting Owners

| D (O N (| Relationships | | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Syal Rajeev HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287 | | | SEVP | | | | | |

Signatures

| Elizabeth B. Moore | 04/19/2019 |
|--------------------|------------|
| | |

| **Signature of Reporting Person | Date | | | |
|---------------------------------|------|--|--|--|
| | | | | |
| ı. | | | | |

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.