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 Type I	Responses	5)															
1. Name and Address of Reporting Person* PORTEOUS DAVID L			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) P.O. BOX 206			3. Date of Earliest Transaction (Month/Day/Year) 04/29/2019														
(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								
REED CITY	Y, MI 49													0110 110	porting reise		
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu					cquire	uired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		Date (Month/Day/Year) Exec		Deemed cution Date, if nth/Day/Year)	Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Ben Foll Tran	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership			
						Code	v	Amount	or	Price					(I) (Instr. 4)		
Common St	tock		04/29/2019			A		2,464	A	\$ 14.002	3 17,	17,512			I	Director Deferred Compensation Plan	
Common St	tock										498	3,083			D		
Common St	tock										193	3,566			I	By Issu Deferre Competer Plan for Hunting Bancsh Incorpor Directo	nsation r gton ares orated
Common St	tock										9,6	22			I	By Spo	use
Reminder: Rep	port on a s	eparate li	ine for each class o	f secur	ities beneficial	ly owner	d direc	Persons contain	s who ed in	respond this form	n are r	not requ	ction of info uired to res OMB cont	pond	d unless	SEC 147	74 (9-02)
			Tabl		Derivative Sec e.g., puts, call							Owned					
Security (Instr. 3) Pri	rative Conversion or Exercise (Month/Day/Year) any Execution Date, if Transaction Number of Code of (Month/Day/Year)		risable 7. T n Date Ame Year) Und Sect		e and nt of lying tties 3 and	(Instr. 5) Ber Ow Fol Rep Tra (Ins		vative rities ficially ed owing orted saction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficia							
					Code	V (A)	(D)	Date Exercisa		xpiration late	Title	Amount or Number of Shares					

Reporting Owners

	Relationships
Reporting Owner Name /	

Address	Director	10% Owner	Officer	Other
PORTEOUS DAVID L P.O. BOX 206 REED CITY, MI 49677	X			

Signatures

Elizabeth B. Moore	04/30/2019
***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.