FORM 4	4
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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).

(Print or Type Perpone

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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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 Respon	ses)								1		
1. Name and Address France Gina D	2. Issuer Name a HUNTINGTO [HBAN]			0.		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 					
(Last) HUNTINGTON (STREET	3. Date of Earliest 05/01/2020	Transactio	n (M	[onth/Day/	Year)						
COLUMBUS, OF	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm 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)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	tion V	(Instr. 3, 4 and 5) (A) or		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Common Stock		05/01/2020		А		14,585 (1)	А	\$ 0	80,682	D	
Common Stock									28,685 <u>(2)</u>	I	FirstMerit Directors' Deferred Plans

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.									
	Persons who respond to the collection of information	SEC 1474 (9-02)							
	contained in this form are not required to respond unless								
	the form displays a currently valid OMB control number.								

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(e.g., puts, cans, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Numl	Number and Expira		on Date	Amount of		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		of	of (Month/Day/Year) U		Unde	rlying	Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Secur				(Instr	. 3 and		Owned	Security:	(Instr. 4)	
	Security					Acqu	ired			4)			0	Direct (D)		
						(A) o							1	or Indirect		
					Disposed							Transaction(s)	< / <			
						of (D)							(Instr. 4)	(Instr. 4)		
						(Instr. 3,										
						4, and 5)										
											Amount					
								Date	Expiration		or					
								Exercisable		*	Title	Number				
								Excicisable	Date		of					
				Code	V	(A)	(D)				Shares					

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
France Gina D HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287	Х							

Signatures

**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).
- (1) An award of deferred stock units the underlying shares are deliverable to the Reporting Person six months following separation from service as a director.
- (2) Total includes the exempt acquisition of shares via the automatic reinvestment of dividends under the plan through March 31, 2020.

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.