FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Response	s)															
1. Name and Address of Reporting Person* NEU RICHARD W					HU	2. Issuer Name and Ticker or Trading Symbol HUNTINGTON BANCSHARES INC/MD [HBAN]						_X_ D	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director Officer (give title below) Other (specify below)				
(Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET						3. Date of Earliest Transaction (Month/Day/Year) 01/26/2021											
(Street)					4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ For	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	BUS, OH	(State)		(Zip)			Table l	[- No	1-Derivati	ve Sec	urities A	canired D	isposed of, or	Renefici	ially Own	ed	
1.Title of Security (Instr. 3)		Date (Month/Day/Year) Exe		Execution any	ecution Date, if		3. Transaction Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6 C F D	Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial		
							Code	V	Amount	or (D)	Price				Ínstr. 4)		
Common	ommon Stock 01/26/2		01/26/20	021			A		3,667	A	\$ 13.632	35,501.3	35,501.363 ⁽¹⁾			Director Deferred Compensation Plan	
Common	Stock											244,369	(2)	Γ)		
Common Stock											116,547	16,547.01 ⁽¹⁾			By Issue Deferre Competer Plan for Hunting Bancsha Incorpo Director	d nsation gton ares rated	
Reminder:	Report on a s	separate li	ne for each	class of se	ecurities l	beneficiall	y owned		Persons containe	who d in t	his forn	are not re	llection of in equired to re liid OMB con	spond	unless	SEC 147	74 (9-02)
				Table I	I - Deriv (e.g.,)	ative Secu puts, calls	ırities A , warrar	cquir its, op	ed, Dispos tions, con	ed of, vertib	or Benei le securi	ficially Owr ties)	ied				
Security	2. Conversion or Exercise Price of Derivative Security		Day/Year)	3A. Deem Execution any (Month/D	ed Date, if	4. Transacti Code	5. Num of Deri	vative rities uired or osed 0) r. 3,	6. Date E and Expi (Month/I	xercis	able Date ear)	7. Title and Amount of Underlying Securities (Instr. 3 and 4) 8. Price of Derivative Der Security (Instr. 5) 8. Price of Derivative Der Security (Instr. 5) 8. Price of Derivative Der Security (Instr. 5)		Deriva Securit Benefic Owned Follow Report	tive ties 1 cially 1 cially 1 cially 1 cially 2 cially 2 cially 2 cially 2 cially 2 cially 3	Security: Direct (D) or Indirect	11. Nature of Indirec Beneficia Ownershi (Instr. 4)
						Code	V (A)	(D)	Date Exercisal		piration ate	Amo or Title Num of Share	ber				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		

NEU RICHARD W HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287	X				
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Signatures

Elizabeth B. Moore	01/28/2021		
***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) Total includes the exempt acquisition of shares via the automatic reinvestment of dividends through December 31, 2020.
- (2) Total includes accrued dividend equivalents reflecting exempt automatic reinvestment of dividends on awards of deferred stock units.

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.