FORM 4

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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | | | |
|---|---|-------------------|----------------------------|--------------------|-----------|--|-------|-----------------------|-----------------------------------|-------------------|--|-----------------------------|-------------------------|--|--|--|---|--|--|--|
| | nd Address of therine M. | | Person* | | HU | | | | | | Γrading S HARES | • | /MD/ | / | _ Direc | | ck all | applicable | | w) |
| (Last HUNTIN STREET | IGTON C | (First) ENTER, | 41 S. H | (Middle) IGH | | ate of Ea | | st Trans | action | n (1 | Month/Da | ay/Yea | r) | | | | | | | |
| | | | | | 4. If | 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 | | | | | |
| COLUMBUS, OH 43287 (City) (State) (Zip) | | | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1.Title of S (Instr. 3) | Security | | 2. Trans Date (Month | saction /Day/Year) | any | emed on Date, /Day/Yea | if | 3. Transac Code | tion | (| 4. Securit (A) or Di (D) (Instr. 3, | ties Ac | quired of | 5. Amou Benefici | nt of ally C | Securities Owned Follow assection(s) | | 6. | 7. Nature Indirect Beneficia | al |
| | | | | | | | Code | V | , I | Amount | (A) or (D) | Price | : | | | | (I) (Instr. 4) | (Instr. 4) | | |
| Common Stock | | 05/01/ | 2021 | | | | A | | | 8,975 (1) | A | \$ 0 | 34,465.789 | | D | | | | | |
| Common | ı Stock | | | | | | | | | | | | | 2,327.2 | 236 | | | I | Director Deferre Compe Plan | ed |
| Reminder: | Report on a | separate lin | e for each | | I - Deriv | ative Se | curi | ties Ac | quire | Per cor the | rsons w ntained e form d Disposed | /ho re in this isplay | s forn s a c Bene | n are not urrently ficially O | requ valid | ction of info uired to res OMB cont | pon | d unless | SEC 14 | 74 (9-02) |
| 1. Title of | 2 | 3. Transac | tion | 3A. Deeme | | | is, w | 5. | s, opt | | ns, conve | | | | nd | 8. Price of | 0 N | umbar of | 10. | 11 Notus |
| | 2. Conversion or Exercise Price of Derivative Security | | | Execution | Date, if | Code | | | ative ties red sed 3, | an | Date Exe ad Expirat Month/Da | tion Da | ite | 7. Title a Amount of Underlyi Securities (Instr. 3 a 4) | of ng | Derivative Security (Instr. 5) | Deriv Secu Bene Own Follo Repo | vative crities eficially ed owing orted saction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Natur of Indirec Beneficia Ownershi (Instr. 4) |
| | | | | | | Code | V | (A) | (D) | _ | ate xercisable | | ration | Title or Nu of | nount mber ares | | | | | |

Reporting Owners

| B 41 0 W 4 | | Relationsl | nips | |
|---|----------|--------------|---------|-------|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other |
| Kline Katherine M. A. HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287 | X | | | |

Signatures

| Elizabeth B. Moore, Attorney-in-Fact | 05/04/2021 |
|--------------------------------------|------------|
| **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) An award of deferred stock units the underlying shares are deliverable to the Reporting Person six months following separation from service as a director.

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.