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)																			
Name and Address of Reporting Person Jones Michael Scott					HU	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) SEVP of Significant Subsidiary							
(Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET					3. Date of Earliest Transaction (Month/Day/Year) 11/03/2021									SEVPO	Significar	it Subsi	aiary				
(Street) COLUMBUS, OH 43287				4. If	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 Acqui							Acqui	ired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		Executi any	Execution Date, if		Code		(Instr. 3, 4 and 5)			` ´	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Owner Form: Direct or Indi	ship Ind Ber (D) Ow	Beneficial Ownership		
								Code	1	J	Amount	(A) or (D)	Prio	ce				(I)			
Commor	Stock		11/03/	2021				S			50,000	D	\$ 16.13	372	102,647	4,647 ⁽¹⁾		I		by Revocable Trust	
Common	Stock														223,246	.295		D			
Commor	Stock													43,363.0561 (2)			I	40	by TCF 401(k) Plan (1)		
Commor	Stock														39,280.9	9021 (1)		I	_	TCF RP (3)	
Reminder:	Report on a s	separate lind	e for each							Pe co th	ersons wontained e form d	ho re in thi isplay	s forn ys a c	n are urrer	not requ itly valid	ction of inf ired to res OMB cont	spond un	less	SEC 14	174 (9-02)	
				Table II							Disposed ns, conve				y Owned						
1. Title of Derivative Security (Instr. 3)	Conversion	rivative		Execution any		4. Transaction Code Year) (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		ate ')	Amo Unde Secu	tle and ount of erlying rities r. 3 and	8. Price of Derivative Security (Instr. 5)		e C S F Illy I S S Oon(s) (Ownership orm of Derivative ecurity: Direct (D) r Indirect	Beneficia Ownershi (Instr. 4)		
						Code	V	(A)	(D)		ate xercisable		ration	Title	Amount or Number of Shares						

Reporting Owners

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

Signatures

Kirk D. Johnson, Attorney-in-Fact	11/04/2021
**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) The filing of this statement shall not be construed as an admission that the undersigned is, for the purpose of Section 16 of the Securities and Exchange Act of 1934 or otherwise, the beneficial owner of the securities.
- (2) Total includes the exempt acquisition of shares via the automatic reinvestment of dividends.
- (3) The shares noted are derivative securities based on the Reporting Person's benefits under a non-qualified plan.

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.