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	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below)							
(Last) (First) (Middle) HUNTINGTON CENTER, 41 S. HIGH STREET					3. Date of Earliest Transaction (Month/Day/Year) 05/06/2022									Se	enior Exec	s. V.P.				
COLUM	BUS, OH	(Street) 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 Person Form filed by More than One Reporting Person						e)
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acqui							quir	ired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year			Execut	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		(A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)	D) Beneficially		t of Securities ly Owned Following Fransaction(s)		6. Ownership Form: Direct (D)		7. Nature of Indirect Beneficial Ownership			
			(WIOH	arionini Day/ 1 cai		Cod	e	V	Amount	(A) or (D)	Price		msu. 5 an	u 4)	or Indir (I) (Instr. 4		direct (,		
Common	Stock		05/06/2022				F			4,393	D	\$ 13.3	5 2	37,219.	904 (1)		D			
Common Stock												1	02,647	47		I	I	by Revocable Trust (2)		
Common Stock												4	4,242.83	83 ⁽³⁾		4	by TCF 401(k) Plan (2)			
Common Stock												3	9,280.9	9021 (4)		Ι		By TCF SERP (2)		
Reminder:	Report on a s	separate line	for each class of secu	urities b	eneficially	own	ned d		Per cor	sons wh	no resp n this f	orm	are	not requ	ction of inf lired to res OMB cont	pond un	less	SEC	1474	(9-02)
			Table II -		ative Secu outs, calls,									y Owned						
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transacti Date (Month/Day	Execution D any	4. Transaction Code		5. No of Do See Add (A Do of (I)	5.		6. Date Exercisable and Expiration Date (Month/Day/Year)		7 A U S (I	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	e s ally g on(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)		Beneficia	
					Code V	7 (2	A)	(D)	Da ^a Exc	te ercisable	Expirat Date	ion T	Title	Amount or Number of Shares						

Reporting Owners

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

Jones Michael Scott HUNTINGTON CENTER 41 S. HIGH STREET COLUMBUS, OH 43287	Senior Exec. V.P.	
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Signatures

Kirk D. Johnson, Attorney-in-Fact	05/10/2022
**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 accrued dividend equivalents reflecting exempt automatic reinvestment of dividends on awards of restricted stock units.
- 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.
- (3) Total includes the exempt acquisition of shares via the automatic reinvestment of dividends.
- (4) 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.