FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF 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

1. Name and A	ddress of Repor	2. Date of Ever Requiring State (Month/Day/Ye	ement	3. Issuer Name and Ticker or Trading Symbol SPAR GROUP INC [SGRP]							
(Last)	(First)	(Middle)	12/02/2013		Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)		
C/O SPAR GROUP, INC. 333 WESTCHESTER AVE, SOUTH BLDG, STE 204 (Street) WHITE PLAINS NY 10604				X Director X Officer (give title below) Chief Executiv		10% Owner Other (specify below) e Officer		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)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)					Nature of Indirect Beneficial Ownership str. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit			4. Conversio	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Amount or Deri Number Sec		Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)				
Option to buy Common Stock, \$.01 par value			(1)	12/02/2023	Con	mmon Stock, \$.01 par value	300,000	1.89	D		

Explanation of Responses:

1. Vests as to 75,000 shares on each of December 2, 2014, 2015, 2016 and 2017, respectively.

/s/ Jill Blanchard 02/21/2014

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).