FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |
| hours per response:      | 0.5       |  |  |  |  |  |  |  |

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

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 Address of Reporting Person*  BROWN ROBERT G/ |  |          |  | 1     | 2. Issuer Name and Ticker or Trading Symbol SPAR GROUP INC [SGRP] |               |   |                              |                             |   |   |  |   | S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner |   |  |         |   |  |  |
|---|--|----------|--|-------|---|---------------|---|------------------------------|-----------------------------|---|---|--|---|--|---|--|---------|---|--|--|
| (Last) C/O SPA  | (Fi<br>R GROUP,  | ,        | Middle)  | - 1   | 3. Date of Earliest Transaction (Month/Day/Year) 11/09/2006       |               |   |                              |                             |   |   |  |   | X belo   | w)  | ve title   | & PR    | below)  |  |  |
| 555 WHITE PLAINS ROAD, SUITE 250                          |  |          |  | _   - | If Amendment, Date of Original Filed (Month/Day/Year)             |               |   |                              |                             |   |   |  | · ·   | 6. Individual or Joint/Group Filing (Check Applicable Line)  |   |  |         |   |  |  |
| (Street) TARRYTOWN NY 10591                               |  |          |  | _     |   |               |   |                              |                             |   |   |  |   | X Form filed by One Reporting Person  Form filed by More than One Reporting  Person                |   |  |         |   |  |  |
| (City)  | (S   | tate) (Z | Zip)   |       |   |               |   |                              |                             |   |   |  |   |  |   |  |         |   |  |  |
|   |  | Tabl     | e I - Non-Deri   | vat   | ive S   | ecu           | ırities   | Acc                          | quir                        | ed, D   | isposed o   | of, or                                   | Benefic   | ially Own  | ed  |  |         |   |  |  |
| Da  |  |          | 2. Transaction<br>Date<br>(Month/Day/Yo                    |       | 2A. Deemo<br>Execution<br>if any<br>(Month/Da                     |               | n Date, Tr  |                              | Transaction<br>Code (Instr. |   | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4<br>and 5) |  |   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following                                   |   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)   |         | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |  |  |
|   |  |          |  |       | Co  |               | de  | v                            | Amount                      | (A) or<br>(D)   | Price   | Reported<br>Transaction<br>(Instr. 3 and |   | (111501. 4)  |   |  |         |   |  |  |
| Common Stock, \$.01 par value 11/09                       |  |          |  | 6     | j   |               |   |                              | P                           |   | 6,900   | A  | \$0.9   | 2,341,507  |   | I  |         | Footnote:(1)(2)(3)                                    |  |  |
| Common Stock, \$.01 par value                             |  |          | 11/13/200  | 6     | 5   |               |   |                              | P                           |   | 1,600   | A  | \$0.9   | 2,343,107  |   | I  | I Footn |   | ote:(1)(2)(3)  |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |          |  |       |   |               |   |                              |                             |   |   |  |   |  |   |  |         |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)       | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  |          | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year | c     | ransact<br>ode (In  |               | 5. Num<br>of<br>Derive<br>Secur<br>Acqui<br>(A) or<br>Dispo<br>of (D)<br>(Instr.<br>and 5 | ative<br>ities<br>red<br>sed | Exp<br>(Mo                  | 5. Date Exercisable and<br>Expiration Date<br>Month/Day/Year) |   |  | le and unt of rities rlying ative rity (Instr. 4)  Amount or Number |  | deriv<br>Secu<br>Bend<br>Own<br>Follo<br>Repo | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |         | ership<br>n:<br>ct (D)<br>direct<br>nstr.             | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |  |          |  | c     | ode   | ode V (A) (D) |   | (D)                          | Date<br>Exercisal           |   | Expiration<br>Date  | Title                                    | of<br>Shares  |  |   |  |         |   |  |  |

## **Explanation of Responses:**

- 1. Owned as Trustee under Defined Benefit Pension Trust of SP/R, Inc. (f/k/a SPAR Burgoyne, Inc.), under which the Reporting Person is the sole beneficiary.
- 2. Owned as Trustee under Grantor Trust I of Robert G. Brown Dated March 22, 1999, for the benefit of the Reporting Person's children.
- 3. Owned as Trustee under Grantor Trust II of Robert G. Brown Dated March 22, 1999, for the benefit of the Reporting Person's children.

James Segreto, as attorney-infact under Power of Attorney **Grant and Confirming** Statement dated November 7, 2002

11/13/2006

\*\* Signature of Reporting Person

Date

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

- \* 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).

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.