FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |
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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

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

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/ | | | | | | 2. Issuer Name and Ticker or Trading Symbol SPAR Group, Inc. [SGRP] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | |
|--|-------------------------|-----------|--|---|--|--|----------|--------------------------------|------------|-------------------------------------|---|--|--------|---|--|---|---|-----------------|--|--------------|--|
| (Last) | (Last) (First) (Middle) | | | | | Date of E /01/202 | Trans | sactio | n (Moi | nth/Day/Yea | | Officer (give title Other (spec below) below) | | | | | pecify | | | | |
| | R GROUP, DYKE CO | | | | 4. If | f Amend | lment, [| Date o | of Ori | ginal F | iled (Month | /Day | y/Year | | . Individual or ine) | | | • | | · | |
| (Street) | IDN | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | |
| HILLS | M | | 48326 | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | |
| (City) | (St | ate) | (Zip) | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | |
| | | Tabl | e I - | Non-Deriva | tive | Secu | rities | Acc | quir | ed, D | isposed | of, | or E | Benefic | ially Own | ed | | | | | |
| ························· p | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | T | 3. Transactio Code (Inst | | | | | | 5. Amount of Securities Beneficially Owned Follo | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | С | ode | v | Amount | (A (D | A) or D) | Price | Reported (Instr. 4) Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | | |
| Common | Stock, \$.01 | par value | | 04/01/202 | 4 | | | | S | | 50,000 | | D | \$1.35 | 3,257,96 | 53 ⁽¹⁾ | D | | | | |
| Common | Stock, \$.01 | par value | | | | | | | | | | | | | 3,000,0 | 000 | I | | Glob | nologies | |
| Common | Stock, \$.01 | par value | | | | | | | | | | | | | 1,065,5 | 538 | I By SPAR Business Services, Inc.(3) | | | ness ces, | |
| | | Ta | able | II - Derivati (e.g., pu | | | | | | | | | | | | d | | | | | |
| 1. Title of Derivative Security 1. Title of Derivative Security 2. Conversion Date Date Execution Date, if any (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) | | | ecution Date, ny | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exp | iration | ercisable and I Date Iy/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | deriva Secur Benet Owne Follow Repor | rities ficially d wing rted action(s) | 10. Owne Form Direc or Inc (I) (In: | t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | Code V (A) (D) | | | Dat Exe | e ercisabl | or Nun Expiration of | | Number | | | | | | | | |

Explanation of Responses:

- 1. Includes shares beneficially owned in any defined benefit plan paying Robert G. Brown a pension.
- 2. Robert G. Brown is a Manager of Innovative Global Technologies LLC.
- 3. Robert G. Brown is the controlling officer/director and a significant stockholder of SPAR Business Services, Inc. (SBS).

04/03/2024 Robert G. Brown

** 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.