FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	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*  SPAR Business Services Inc					2. Issuer Name and Ticker or Trading Symbol SPAR Group, Inc. [ SGRP ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner					
(Last) (First) (Middle) 7711 N MILITARY TRAIL						3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024								Officer (give title X Other (specify below)  Affiliated with Robert G Brown					
SUITE 1000					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WEST PALM FL 33410												X	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
BEACH 35410					Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate)	(Zip)		S	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 - No	n-Deriva	tive S	Secu	rities	Acq	uired	Dis	posed of	, or B	ene	ficially	y Own	ed			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			, 4 and Securiti Benefic Owned		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock, \$.01 par value				04/01/2024				S		50,000	D		\$1.35	1,1	65,538	D			
Common Stock, \$.01 par value				04/01/2024				S		83,462	D		\$1.38 1,082		82,076	D			
Common Stock, \$.01 par value			04/01/2024				S		5,329	D		\$1.39 1,0		76,747	D				
Common Stock, \$.01 par value			04/01/2024				S		5,242	D		\$1.43 1,0		71,505	D				
Common Stock, \$.01 par value 04/0			04/01/2	01/2024				S		200	D \$		51.431	1,071,305		D			
Common Stock, \$.01 par value 04/01				04/01/2	2024				S		3,008	D S		\$1.44	1,068,297		D		
Common Stock, \$.01 par value 04/01				04/01/2	2024				S		200	D		\$1.45	1,068,097		D		
Common Stock, \$.01 par value 04/01/2				.024				S		2,359	D		\$1.47	1,065,738		D			
Common Stock, \$.01 par value 04/01/				04/01/2	2024				S		200	D		\$1.48	1,065,538		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	) if any	emed ion Date, /Day/Year)		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exercion Da /Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of crivative curity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct ( or Indir (I) (Insti	Beneficial Ownership ect (Instr. 4)	
					Code V		(A)	(D)	Date Exercisable		Expiration Date		Amo or Num of Shar	ber					

**Explanation of Responses:** 

Robert G. Brown

04/03/2024

\*\* Signature of Reporting Person

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).