SEC Form 3

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

	Address of Repor		2. Date of Even Requiring State (Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol SPAR GROUP INC [SGRP]					
(Last) C/O SPAR 555 WHIT (Street)	) (First) (Middle) SPAR GRUP, INC. WHITE PLAINS ROAD, SUITE 250		08/09/2006	Í F	4. Relationship of Reporting Perso (Check all applicable) X Director Officer (give title below)	on(s) to Issu 10% Owne Other (spe below)	er 6.	(Month/Day/Year) 6. Individual or Joint/Group Filing (Check		
(City)	(State)	(Zip)								
1. Title of Security (Instr. 4)				2.	eneficially Owned (Instr. 4)	3. Ownership 4. N		. Nature of Indirect Beneficial Ownership nstr. 5)		
		(e.			e Securities Beneficially C nts, options, convertible		s)			
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4		4. Conversio	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	or Derivative Number Security of			
Options to value	purchase Comn	non Stock \$.01 par	08/09/2007	08/09/2016	Common Stock, \$.01 par value	10,000	0.96	D		

Explanation of Responses:

## Chester Manly Molpus

\*\* Signature of Reporting Person Date

02/12/2007

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

 $^{\star}$  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).

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.