FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number: 3235-01								
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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*  Mayer Jeffrey A			2. Date of Event Statement (Month/Day/Yea 01/18/2019		3. Issuer Name and Ticker or Trading Symbol SPAR GROUP INC [ SGRP ]						
(Last) (First) (Middle) C/O SPAR GROUP, INC. 333 WESTCHESTER AVE, SOUTH BLDG,				4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
STE 204					Officer (give title below)	Other (spe below)	′   6. li	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) WHITE PLAINS	NY	10604							y One Reporting Person y More than One erson		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership Instr. 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 Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiratior Date	n Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			
Option to buy	Common Stoc	k	01/18/2020	01/18/2029	Common Stock, \$.01 par value	10,000	0.67	D			
Option to buy	Common Stoc	k	04/05/2020	04/05/2029	Common Stock, \$.01 par	20,000	0.64	D			

**Explanation of Responses:** 

/s/ Jeffrey A Mayer

11/22/2019

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.