SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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* <u>SPAR Business Services Inc</u>	2. Date of Event Requiring Statement (Month/Day/Year) 08/18/2022 3. Issuer Name and Ticker or Trading Symbol SPAR Group, Inc. [SGRP]						
(Last) (First) (Middle) 7711 N MILITARY TRAIL SUITE 1000		4. Relationship of Reporting Issuer (Check all applicable) Director	Person(s) 10% Ov	Fil	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) WEST PALM FL 33410 BEACH		Officer (give X title below) X Affiliated with Rob	below)) (C	theck Applicable X Form filed Person	by One Reporting by More than One	
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: Di (D) or Ind (I) (Instr.	irect Ow direct	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, \$.01 par value		1,270,538	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
, ,	2. Date Exercisable Expiration Date (Month/Day/Year)	3. Title and Amount of Securitie Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Expira Exercisable Date	ion Title	Amount	Price of Derivative Security	or Indirect (I) (Instr. 5)	5)	

Robert G. Brown

** Signature of Reporting Person 08/26/2022

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 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.