FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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 Addre | • | 0 | 2. Issuer Name and Ticker or Trading Symbol SPAR GROUP INC [SGRP] | | ationship of Reportir k all applicable) Director | g Pers | on(s) to Issuer 10% Owner |
|------------------------|-----------------------------|-----------|--|----------|--|----------|------------------------------|
| (Last) SPAR GROUP I | (First) (Middle) 1 P INC | | 3. Date of Earliest Transaction (Month/Day/Year) 11/19/2004 | X | Officer (give title below) Chairman, CE | A 0&1 | Other (specify below) |
| | | SUITE 140 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | ividual or Joint/Group | | |
| (Street) TARRYTOWN | NY | 10591 | | | Form filed by One Form filed by Mor Person | • | ÷ |
| (City) | (State) | (Zip) | erivative Securities Acquired, Disposed of, or Bene | ficially | Owned | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|---|---|---|------------------|--------|---|--|--|--|
| | | | Code | v | Amount | (A) or (D) | Price | Following Reported Transaction(s) (Instr. 3 and 4) | (Instr. 4) | | |
| Common Stock, \$.01 par value | 11/19/2004 | | Р | | 520 | Α | \$0.69 | 6,219,802 | Ι | Footnote: ⁽¹⁾⁽²⁾⁽³⁾ | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | (e.g., p | uto, cui | 13, | warre | anto, | opuons, (| | 10 300 | unucoj | | | |
|---|--|---|---------------------------------|-----|--|---------------------------|---|--------------------|------------------------------------|--|--|---|-------------------------|
| 1. Title of Derivative Security (Instr. 3) | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (In 8) | | of Deriv Secu Acqu (A) o Dispo of (D | r osed) *. 3, 4 | 6. Date Exer Expiration D (Month/Day/ | ate | Amour Securi Under Deriva | nt of ties lying tive ty (Instr. | 8. Price of Derivative Security (Instr. 5) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

1. Owned as Trustee under Defined Benefit Pension Trust of SP/R, Inc. (f/k/a SPAR Burgoyne, Inc.), under which the Reporting Person is the sole beneficiary.

2. Owned as Trustee under Granted Trust I of Robert G. Brown Dated March 22, 1999, for the benefit of the Reporting Person's children.

3. Owned as Trustee under Granted Trust II of Robert G. Brown Dated March 22, 1999, for the benefit of the Reporting Person's children.

James Segreto, as attorney-infact under POA Grant and Confirming Statement dated November 7, 2002.

11/24/2004

** 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.