FORM 4

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	D C	20540	
vvasnington.	D.C.	20549	

IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES
Instruction 1(b).	Filed pursuant to Section 16(a) of

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

defens	ed to satisfy the e conditions of ee Instruction 1	Rule 10b5-																	
1. Name and Address of Reporting Person* BROWN ROBERT G/					2. Issuer Name and Ticker or Trading Symbol SPAR Group, Inc. [SGRP] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner														
(Last) (First) (Middle) C/O SPAR GROUP, INC. 1910 OPDYKE COURT				3. Date of Earliest Transaction (Month/Day/Year) 10/09/2024									Officer (give title Other (specify below) below)					pecify	
(Street) AUBUR HILLS	N M	I .	4832	26	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check A Line) Form filed by One Reporting Pers Form filed by More than One Rep Person				Persor	n		
(City)	(St	ate)	(Zip)																
4 =====================================			e I -	Non-Deriva	_				uire		·					l		Net	
· · · · · · · · c		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,) if any (Month/Day/Year)		Tra	3. Transaction Code (Instr. 8)					Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership			
								Co	de \	V A	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)	
Common	Common Stock, \$.01 par value 10/09/202		10/09/202	4			:	S		4,318	D	\$2.43	2,831,699(1)(2)		D				
Common Stock, \$.01 par value												3,000,0	00	I	1	Globa	nologies		
Common	Common Stock, \$.01 par value												1,044,9	80	I		By SI Busin Servio nc. ⁽⁴⁾	ess ces,	
		Та	able	II - Derivati (e.g., pเ					,	,	posed of converti	•		•	d				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)				ansaction of Expi ode (Instr. Derivative (Mon			Expir	ration [tion Date And		itle and ount of urities lerlying vative urity (Instr. id 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Ownership Form: Direct (D)		11. Natur of Indired Beneficia Ownersh (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date		Amount or Number of Shares						

Explanation of Responses:

- 1. Includes 113,930 shares owned by Jean Brown, the wife of Robert G. Brown, as to which Robert G. Brown disclaims any beneficial ownership.
- 2. Includes shares beneficially owned in any defined benefit plan paying Robert G. Brown a pension.
- 3. Robert G. Brown is a Manager of Innovative Global Technologies LLC.
- 4. Robert G. Brown is the controlling officer/director and a significant stockholder of SPAR Business Services, Inc. (SBS).

<u>Robert G. Brown</u> <u>10/11/2024</u>

** 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.