| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subj Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | ect to |
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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

| | OVAL |
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| OMB Number: | 3235-0287 |
| Estimated average bu | irden |
| hours ner resnonse. | 05 |

| 1. Name and Address of Reporting Person* BROWN ROBERT G/ (Last) (First) (Middle) C/O SPAR GROUP, INC. | | | 2. Issuer Name and Ticker or Trading Symbol <u>SPAR GROUP INC</u> [SGRP] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|-----------------|---------------|---|--|----------------------------|-----------|-----------------------|--|--|
| BROWN RC | <u>JBERI G/</u> | | | X | Director | Х | 10% Owner | | |
| (Last) | (First) | (Middle) | 2 Data of Earliest Transaction (Manth/Day/Mart) | x | Officer (give title below) | | Other (specify below) | | |
| C/O SPAR GR | OUP, INC. | | 3. Date of Earliest Transaction (Month/Day/Year) 03/12/2018 | | Ch | airman | | | |
| 333 WESTCHI 204 | ESTER AVE, SOU | JTH BLDG, STE | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | /idual or Joint/Grou | ıp Filing | (Check Applicable | | |
| WHITE | | | | X | Form filed by O | ne Repor | rting Person | | |
| PLAINS | NY | 10604 | | | Form filed by M Person | ore than | One Reporting | | |
| (City) | (State) | (Zip) | | | | | | | |

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. Transa Code (8) | | Disposed Of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|------------------------------|---|-------------------------------------|---------------|---|---|---|----------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock, \$.01 par value | 03/12/2018 | | S | | 1,000 | D | \$1.5 | 5,510,489 | D | |
| Common Stock, \$.01 par value | 03/13/2018 | | S | | 4,000 | D | \$1.5 | 5,506,489 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5 | ative rities ired osed . 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amount of | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|---|--|--------------------|-----------|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

<u>(s/ James Segreto, as attorney-</u> <u>in-fact under Power of</u> <u>Attorney Grant and Confirming 03/14/2018</u> <u>Statement dated November 7,</u> <u>2002</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.