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 Address of Reporting Person*  BARTELS WILLIAMS H						Issuer Name and Ticker or Trading Symbol     SPAR GROUP INC [ SGRP ]      Date of Earliest Transaction (Month/Day/Year)									heck all ap	plicable) ctor		Owner	
(Last)	(Fir	,	Middle)		05/04/2016										X Offi	,	belov	r (specify v)	
C/O SPA											Vice Chairman								
333 WESTCHESTER AVE, SOUTH BLDG, STE 204						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) WHITE PLAINS NY 10604															For	Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
(City)	(Sta	ate) (Z	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,			Transaction Dispose Code (Instr. and 5)			rities Acquired ( ed Of (D) (Instr.			Secu Bene Own	nount of rities ficially ed	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	Repo Tran		(	(,					
Common Stock, \$.01 par value 05/04/20						016			W		8,500 A		Α	(1)	5,300,680(2		D		
Common Stock, \$.01 par value 12/07/20						2016			G		25,00	0	D	(1)	5,2	5,275,680(2)			
Common Stock, \$.01 par value 12/19/20						2016			G		5,000	)	D	(1)	5,2	5,270,680(2)			
	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)	Executi	Execution Date, if any		4. Transaction Code (Instr. 8)		vative irities uired or osed i) r. 3, 4	6. Date Ex Expiration (Month/Da	Date	•	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		unt	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	of Shar							

## Explanation of Responses:

- 1. Not applicable
- $2. \ \,$  Includes  $687,\!825 \,\, shares$  indirectly owned through benefit plans and trusts.

/s/ William H. Bartels 01/13/2017

\*\* 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 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.