FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |
|                          |           |  |  |  |  |  |  |  |  |

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

| Name and Address of Reporting Person*     BELZER KORI          |  |            |          |   |         | 2. Issuer Name and Ticker or Trading Symbol SPAR GROUP INC [ SGRP ]           |         |  |   |      |   |  |                                       | 5. Relationship of Reporting Person(s) to Issue<br>(Check all applicable)  Director 10% Owner     |   |                       |  |                             |   |
|--|--|------------|----------|---|---------|---|---------|--|---|------|---|--|---------------------------------------|---|---|-----------------------|--|-----------------------------|---|
| (Last)   | (Fi  | ,          | Middle)  |   |         | 3. Date of Earliest Transaction (Month/Day/Year)  Officer (give title Other ( |         |  |   |      |   |  |                                       |   |   |                       | Other (s<br>below)<br>as Officer                                     | specify                     |   |
| 333 WESTCHESTER AVE, SOUTH BLDG, STE 204                       |  |            |          |   | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year)                      |         |  |   |      |   |  |                                       | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person |   |                       |  |                             |   |
| (Street) WHITE PLAINS NY 10604                                 |  |            |          | ,                                       |         |   |         |  |   |      |   |  |                                       | Form filed by More than One Reporting<br>Person   |   |                       |  |                             |   |
| (City)   | (S   | tate) (    | Zip)     |   |         |   |         |  |   |      |   |  |                                       |   |   |                       |  |                             |   |
| ı  |  | Tab        | le I - N | on-Deriv                                | ative S | Sec   | urities | Ac   | quired, [                               | Disp | osed o  | of, or Bo                              | enefic                                | ially   | Owne  | d                     |  |                             |   |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day) |  |            |          |   |         | Execution Date,   |         |  | Transaction Dispose Code (Instr. and 5) |      |   | rities Acq<br>ed Of (D) (              |                                       | , 4 Securit<br>Benefic<br>Owned   |   | ties Fo<br>cially (D) |  | m: Direct<br>or<br>rect (I) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |
|  |  |            |          |   |         |   |         |  | Code                                    | v    | Amoun   | nt (A) or (D)                          |                                       | ce  |   |                       |  | tr. 4)                      | (Instr. 4)  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |            |          |   |         |   |         |  |   |      |   |  |                                       |   |   |                       |  |                             |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)            | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any  |            | on Date, | 4.<br>Transaction<br>Code (Instr.<br>8) |         | on of I   |         | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |   |      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr. 3<br>and 4) |  | of<br>De<br>Sec                       | Price<br>rivative<br>curity<br>str. 5)  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) |                       | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr.<br>4) | Beneficial<br>Ownership     |   |
|  |  |            |          |   | Code    | v   | (A)     | (D)  | Date<br>Exercisable                     |      | piration  | Title                                  | Amour<br>or<br>Number<br>of<br>Shares | er  |   |                       |  |                             |   |
| Options to<br>buy<br>Common<br>Stock                           | \$0.9  | 05/18/2017 |          |   | A       |   | 25,000  |  | (1)                                     | 05   | /17/2027  | Common<br>Stock,<br>\$.01 par<br>value | 25,00                                 | 0   | \$0.9   | 447,140               |  | D                           |   |

## ${\bf Explanation\ of\ Responses:}$

 $1. \ Vests \ as \ to \ 6,250 \ shares \ on \ each \ May \ 17, \ 2018, \ 2019, \ 2020 \ and \ 2021, \ respectively.$ 

/s/ James Segreto, as attorneyin-fact under Power of Attorney Grant and Confirming Statement dated

05/22/2017

March 5, 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.