#### Edgar Filing: SPAR GROUP INC - Form 4

Form 4											
June 07, 2007	1	S SECURITIES AND EXCHANGE COMMISSION									
Ch1- 4h :	- 1		Was	hington,	D.C. 20	549			Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated burden ho	Expires: January 31, 2005 Estimated average burden hours per response 0.5	
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									on		
(Print or Type R	lesponses)										
			2. Issuer Name <b>and</b> Ticker or Trading Symbol SPAR GROUP INC [SGRP]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. ] (M				3. Date of Earliest Transaction (Month/Day/Year) 06/05/2007				(Check all applicable) XDirectorX10% Owner XOfficer (give titleOther (specify below) below)			
WHITE PLA 250	AINS ROAD, S	SUITE						/	N, CEO & PRI	ESIDENT	
	(Street)	Filed(Month/Day/Year)						<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
	WN, NY 1059							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ities Ac	quired, Disposed o	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any	on Date, if	3. 4. Securities f TransactionAcquired (A) or Code Disposed of (D) r) (Instr. 8) (Instr. 3, 4 and 5) (A)		)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)		See	
Stock, \$.01 par value	06/05/2007			Р	9,600	Α	\$ 1	2,378,207	I	Footnotes (1) (2) (3)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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

### **Reporting Owners**

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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. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
BROWN ROBERT G/ C/O SPAR GROUP, INC 555 WHITE PLAINS ROAD, SUITE 250 TARRYTOWN, NY 10591	Х	Х	CHAIRMAN, CEO & PRESIDENT				

### Signatures

James Segreto, as attorney-in-fact under Power of Attorney Grant and Confirming Statement 06/07/2007 dated November 7, 2002.

\*\*Signature of Reporting Person

# **Explanation of Responses:**

- 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).
- Owned as Trustee under Defined Benefit Pension Trust of SP/R, Inc. (f/k/a SPAR Burgoyne, Inc), under which the Reporting Person is (1)the sole beneficiary.
- (2) Owned as Trustee under Grantor Trust I of Robert G. Brown Dated March 22, 1999, for the benefit of Reporting Person's children.

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Date