## Edgar Filing: BROWN ROBERT G/ - Form 4

BROWN RC	DBERT G/											
Form 4												
March 03, 20	_								OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287				
Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	6. r Filed purs ns inue.	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</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								January 31, 2005 Estimated average burden hours per response 0.5		
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> BROWN ROBERT G/			2. Issuer Name <b>and</b> Ticker or Trading Symbol SPAR GROUP INC [SGRP]				ıg	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O SPAR GROUP, INC, 555 WHITE PLAINS ROAD, SUITE 250			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>02/28/2008</li></ul>					X DirectorX 10% Owner X Officer (give title Other (specify below) below) CHAIRMAN				
	Filed(Mon				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
TARRYTO	WN, NY 10591							Person	viore than One K	eporting		
(City)	(State) (	(Zip)	Table	e I - Non-D	erivative	Secur	ities Aco	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	n Date, if	3. Transactio Code (Instr. 8)	on(A) or Di (D) (Instr. 3,	4 and (A) or	d of 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock, \$.01 par value	02/28/2008			Code V P	899	(D) A	Price \$ 1.18	2,399,106 (1) (2) (3) (4)	I	See Footnote: $(4)$		
Common Stock, \$.01 par value	02/28/2008			Р	4,301	А	\$ 1.2	2,403,407 (1) (2) (3) (4)	Ι	See Footnote: (4)		

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

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#### number.

# 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)	4. Transactic Code (Instr. 8)	5. 6. Date Exercisable ar onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
Reno	rting (	wnore	Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>				
	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	

# Signatures

James Segreto, as attorney-in-fact under Power of Attorney Grant and Confirming Statement	03/03/2008
dated November 7, 2002	03/03/2008

\*\*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).
- (1) Owned as Trustee under Defined Benefit Pension Trust of SP/R, Inc. (f/k/a SPAR Burgoyne, Inc.), under which the Reporting Person is 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.
- (4) Owned as Trustee under Reporting Person's spouse through her Roth IRA account.

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