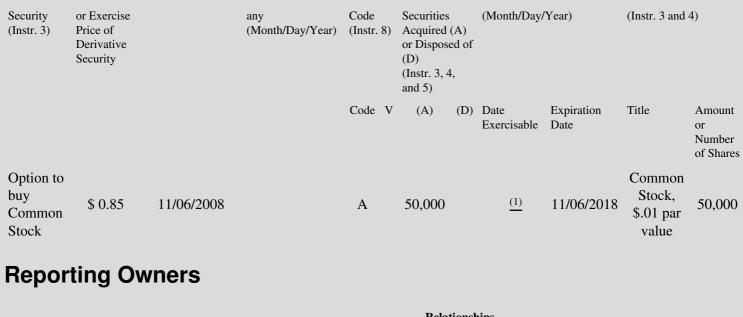
### Edgar Filing: Raymond Gary S - Form 4

Raymond Gary Form 4	S									
April 16, 2009										
FORM 4	4 <b>UNITED</b>	STATES	SECU	DITIES		CILAN	JCE	COMMISSION	Т	PPROVAL
Washington, D.C. 20549							Number:	3235-0287		
Check this box if no longer whigh to STATEMENT OF CHANGES IN BENEFICIAL OWNE					NEDCHIDAE	Expires:	January 31, 2005			
subject to					GES IN BENEFICIAL OWNERSHIP OF SECURITIES				Estimated burden hou response	urs per
Form 5 obligations may continue <i>See</i> Instruction 1(b).	e. Section 17	(a) of the l	Public U		ding Cor	npany	Act	nge Act of 1934, of 1935 or Sectio 940	·	
(Print or Type Resp	ponses)									
1. Name and Address of Reporting Person <u>*</u> Raymond Gary S			2. Issuer Name <b>and</b> Ticker or Trading Symbol SPAR GROUP INC [SGRP]				g	5. Relationship of Reporting Person(s) to Issuer		
4					L	ΚΡJ		(Check all applicable)		
(Last) (First) (Middle) C/O SPAR GROUP, INC., 560			3. Date of Earliest Transaction (Month/Day/Year) 11/06/2008					_X_ Director 10% Owner _X_ Officer (give title Other (specify		
WHITE PLAINS ROAD, SUITE 210			11/00/2008				below) below) CHIEF EXECUTIVE OFFICER			
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)		
TARRYTOWN	N, NY 10591			, i i j	,			_X_ Form filed by	One Reporting Po More than One R	
(City)	(State)	(Zip)	Tal	ble I - Non-l	Derivative	Securit	ties A	cquired, Disposed o	of, or Beneficia	lly Owned
(Instr. 3) any		Execution any	Date, if	Code	4. Securities ionAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or			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)
				Code V	Amount	(D) P	Price	(Instr. 3 and 4)		
Reminder: Report	on a separate line	e for each cl	ass of sec	curities bene	ficially ow	ned dire	ctly o	r indirectly.		
					inforn requir	nation o red to r iys a cu	conta espo	pond to the colle ained in this form and unless the for atly valid OMB co	n are not rm	SEC 1474 (9-02)
	Tab			curities Acq ls, warrants				Beneficially Owned ecurities)	1	

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	

#### Edgar Filing: Raymond Gary S - Form 4



<b>Reporting Owner Name / Address</b>	Ketationships					
	Director	10% Owner	Officer	Other		
Raymond Gary S C/O SPAR GROUP, INC. 560 WHITE PLAINS ROAD, SUITE 210 TARRYTOWN, NY 10591	Х		CHIEF EXECUTIVE OFFICER			
-						

## **Signatures**

James Segreto, as attorney-in-fact under Power of Attorney Grant and Confirming Statement dated November 30, 2007 04/16/2009

\*\*Signature of Reporting Person

Date

# **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) Vests as to 12,500 shares each on 11/6/2009, 11/6/2010, 11/6/2011 and 11/6/2012

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. of an award granted in 2018 and will vest in two annual installments on January 1, 2020 and January 1, 2021.(7)These RSUs granted in 2019 will vest in three annual installments on January 1, 2021 and January 1, 2022.Â

### **Remarks:**

This Form 3/A amends and restates in its entirety the Form 3 filed by the reporting person on J 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.