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

| | | | 2. Issuer Name and Ticker or Trading Symbol SPARTAN MOTORS INC [SPAR] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|-----------------------|---------|--------------------|--|--|---|--|--|--|--|
| (Last) C/O SPARTAN | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2013 | x | Director Officer (give title below) Chief Operatin | 10% Owner Other (specify below) g Officer | | | |
| 1541 REYNOL | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) | ividual or Joint/Group Filing (Check Applicable | | | | |
| (Street) CHARLOTTE | MI | 48813 | | X | Form filed by One Re Form filed by More the Person | | | | |
| (City) | (State) | (Zip) | | | | | | | |
| | Т | able I - Non-Deriv | ative Securities Acquired, Disposed of, or Benef | icially | Owned | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneticially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following | Form: Direct (D) or Indirect (I) | of Indirect Beneficial Ownership | |
|---------------------------------|--|---|---|---|--------|---------------|-------|--|--|--|--|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | (Instr. 4) | (Instr. 4) | |
| Common Stock | 08/15/2013 | | J ⁽¹⁾ | | 1,269 | A | (1) | 132,341 | D | | |

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

| (e.g., puts, cans, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
|---|---|------------|--|---|----------------------------------|---|---|---------------------------------|--|--------------------|-------------------------------------|---|--|---|---------------------|-------------------------|
| | 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transact Code (In 8) | | 5. Nu of Deriv Secur Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | 6. Date Exerc Expiration D (Month/Day/ | ate | Amour Securi Underl Deriva | nt of ties ying tive ty (Instr. | 8. Price of Derivative Security (Instr. 5) | derivative Securities Beneficially Owned | Form: Direct (D) | Beneficial Ownership |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. On June 30, 2013, previously granted shares of restricted stock vested. The reporting person's tax withholding obligations incident upon such vesting were mistakenly satisfied by having 1,269 shares withheld by Spartan Motors, Inc. This transaction was reported in a Form 4 on July 1, 2013. The reporting person intended to satisfy these obligations in cash, however. As a result, Spartan Motors, Inc. reissued 1,269 shares to the reporting person on August 15, 2013.

> /s/ Kimberly Baber, as Attorney-in-Fact for Thomas 08/15/2013 W. Gorman

** 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.