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

| 1. Name and Address of Reporting Person* GORMAN THOMAS W | | | | | | Issuer Name and Ticker or Trading Symbol SPARTAN MOTORS INC [SPAR] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | neck a | onship of Report Il applicable) Director | ing Pe | 10% C |)wner | |
|--|--|---------|---------|--|----------|---|--|---------------|---|--|---------|--|--|---|---|---|--|--|---|--|
| (Last) | | | | | | 06/28/2013 | | | | | | | | | | Officer (give title below) | | below) | (specify | |
| C/O SPARTAN MOTORS INC | | | | | | | | | | | | | | | | Chief Ope | rating | g Officer | | |
| 1541 REYNOLDS ROAD | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | |
| CHARLO | CHARLOTTE MI 48813 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | el-l | Non-Deriv | ative S | Secu | ıritie | s Acc | quired, | Dis | posed o | f, or | Ben | eficia | lly O | wned | | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y | | | | | /Year) i | Execution Date, | | | 3. 4. Securities Acquire Disposed Of (D) (Inst 5) | | | | | | ind S | i. Amount of Securities Beneficially Dwned Following | Fori (D) (| Ownership m: Direct or irect (I) str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | Amount | unt (A) or Pi | | Price | F | Reported Transaction(s) (Instr. 3 and 4) | | | (111541. 4) | | | | | |
| Common Stock ⁽¹⁾ 06/28/20 | | | | | |)13 | | | A | | 788 | | A | \$5.8615 | | 131,072 | | D | | |
| | 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) | ative Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year) | | Code (I | sansaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amount or Numbor Of Title Shares | | ount | 8. Pric of Deriva Securi (Instr. | derivative Securities ity Beneficiall | y [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. This line item voluntarily reports the acquisition of shares under the Spartan Motors, Inc. 2011 Employee Stock Purchase Plan in a transaction exempt under rule 16-b-3(c).

/s/ Kimberly Baber, as

Attorney-in-Fact for Thomas 08/12/2013

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.