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*  Ickes Arthur D.  (Last) (First) (Middle)  1541 REYNOLDS ROAD					3. Date 03/30	2. Issuer Name and Ticker or Trading Symbol SPARTAN MOTORS INC [SPAR]  3. Date of Earliest Transaction (Month/Day/Year) 03/30/2016  4. If Amendment, Date of Original Filed (Month/Day/Year)									heck a	Direct Officion Delov	olicable)  ttor  er (give title  w)  fficer of Sp	or 10% Owner r (give title Other (spec		owner (specify
(Street) CHARLO (City)			8813 Zip)														n filed by One Reporting Person n filed by More than One Reporting son			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Exec if an	Deemed ecution Date, ny onth/Day/Year)		Transaction Code (Instr.			4. Securities Acquired Disposed Of (D) (Instr. and 5)			3, 4 Sec Ber Ow		Amount of curities neficially ned lowing		wnership n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount		(A) or (D)	Pric	R T	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(msu. <del>1</del> )			
Common Stock 03/30					2016				A		13,78	2	A	\$	30		36,933		D	
Common												33,343			I	Joint Trust with Spouse				
	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)	if any	emed ion Date, //Day/Year)	4. Transac Code (Ir 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			Amount of Securities Underlying Derivative Security (Instr 3 and 4)			nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		0. Ownership orm: Oirect (D) or Indirect ) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

/s/ Kimberly Baber, as

Attorney-in-Fact for Aurthur 04/04/2016

D. Ickes

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).