

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Clay Barbar	a						gy, Inc						Director		10%	Owner	
(Last)	(First	(Mic	ldle)	3.	3. Date of Earliest Transaction (MM/DD/YYYY)						,	X Officer (give title below) Other (specify below)					
C/O GOOD COUNSEL SERVICES, LLC, 111 FARMS ROAD						6/15/2021							Acting General Counsel and Sec				
LLC, III FA	(Stre			4.	If An	nendme	nt, Date (Origin	nal Fi	led (MM/D	DD/YYYY)	6.	Individual c	or Joint/G	roup Filing	(Check Appl	icable Line)
STAMFORD, CT 06903												_X	X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(0	City) (Sta	ite) (Zip))														
		,	Гable I -	Non-Dei	rivat	ive Secu	ırities A	equir	ed, D	isposed o	of, or Be	enefic	cially Owne	ed			
1.Title of Security (Instr. 3) 2. Trans. D			Trans. Date	Execu		3. Trans. C (Instr. 8)	ode	or Disposed of (D)			Follow	ollowing Reported Transaction(s) Ownership Form: Ownership Form:			7. Nature of Indirect Beneficial Ownership		
							Code	v	Amo	(A) or (D)	r Price						(Instr. 4)
	Tab	ole II - Deri	ivative Se	ecurities	Ben	eficially	Owned	(e.g.,	puts	, calls, wa	arrants,	opti	ons, conver	tible secu	urities)		
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	Code		5. Number of Derivative Securiti Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable at Expiration Date			7. Title and A Securities Und Derivative Sec (Instr. 3 and 4		erlying urity		9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	Title	1	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Restricted Stock Unit	(1)	6/15/2021		A		251 <u>(2</u>)		(3)	(3)	Class A Commo Stock	on	251.0	\$10.30 ⁽⁴⁾	14512 (5)	D	

Explanation of Responses:

- (1) Each restricted stock unit ("Restricted Stock Unit") represents a right to receive, upon vesting, one share of Class A Common Stock, par value \$0.01 per share (the "Class A Common Stock"), of Spark Energy, Inc., cash, or a combination of both. Each Restricted Stock Unit includes tandem dividend equivalents which will vest upon the same schedule as the underlying Restricted Stock Unit.
- (2) These Restricted Stock Units accrued on outstanding Restricted Stock Units held by the reporting person as a result of a dividend equivalent payment made to the holder when the Company paid its most recent quarterly dividend on the Class A Common Stock.
- (3) These Restricted Stock Units vest in full on May 18, 2022.
- (4) The price is based on the closing price on Tuesday, June 1, 2021.
- (5) Balance includes original grants of Restricted Stock Units and dividend equivalents issued in additional Restricted Stock Units.

Reporting Owners

Domonting Orymon Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Clay Barbara C/O GOOD COUNSEL SERVICES, LLC 111 FARMS ROAD			Acting General Counsel and Sec					
STAMFORD, CT 06903								

Signatures

Barbara Clay, by Dominique Colvard, Attorney-in-Fact

**Signature of Reporting Person

Date

- * 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 control number.