

# SPARK ENERGY, INC. Reported by MAXWELL W KEITH III

## FORM 4

(Statement of Changes in Beneficial Ownership)

# Filed 03/23/20 for the Period Ending 03/19/20

Address 12140 WICKCHESTER LANE

SUITE 100

HOUSTON, TX, 77079

Telephone (713) 600-2600

CIK 0001606268

Symbol SPKE

Fiscal Year 12/31





[] 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### 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. I	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Maxwell W	Keith III				Sp	ark	Energ	gy, Inc.	[SI	PKE	]							
(Last)	(Last) (First) (Middle)			3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							X Director X 10% Owner X Officer (give title below) Other (specify below)						
12140 WICKCHESTER LANE, SUITE 100,						3/19/2020							Int	terim CEO	•			
•	(Stre	et)			4. I	f An	nendmer	nt, Date O	rigin	al File	ed (MM/DI	D/YYY	(Y) 6. l	Individual o	or Joint/G	roup Filing (	Check Appl	icable Line)
HOUSTON,	<b>TX 7707</b> ity) (Sta		p)											Form filed by Form filed b		ng Person One Reporting	Person	
			Table ]	I - Non	-Der	ivati	ive Secu	rities Acc	γuire	ed, Dis	sposed o	f, or	Benefic	ially Own	ed			
1.Title of Security (Instr. 3)			Date			3. Trans. Code (Instr. 8)		4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5)			Follow	. Amount of Securities Beneficially Owned ollowing Reported Transaction(s) Instr. 3 and 4)			Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	V	Amour	(A) or (D)	Pric	e				(I) (Instr. 4)	
Class A Common S	tock			3/19/20	20			P		432	A	\$6.2	8	2	610000		D	
	Tab	le II - Dei	rivative	Securi	ties l	Bene	eficially	Owned (	e.g.,	puts,	calls, wa	rran	ts, optic	ons, conve	rtible secu	ırities)		
Security (Instr. 3) Conversion or Exercise Price of Derivative Execution Date, if any (Instr. 3) (Instr. 3)		rans. ( tr. 8)	Code	5. Number Derivative Acquired Disposed (Instr. 3, 4	e Securities (A) or of (D)		•				Jnderlying Derive Security Security		9. Number of derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	Beneficial			
	Security			C	ode	V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount of Shares	or Number of		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

#### **Explanation of Responses:**

**Reporting Owners** 

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Maxwell W Keith III 12140 WICKCHESTER LANE, SUITE 100 HOUSTON, TX 77079	X	X	Interim CEO				
Retailco, LLC 12140 WICKCHESTER LANE SUITE 100 HOUSTON, TX 77079		X					
TXEX Energy Investments, LLC 12140 WICKCHESTER LANE SUITE 100 HOUSTON, TX 77079		X					

Signatures				
/s/ W. Keith Maxwell III, by Dominique R. Colvard, Attorney-in-Fact				
**Signature of Reporting Person	Date			
/s/ W. Keith Maxwell III, Chief Executive Officer of Retailco, LLC	3/23/2020			
**Signature of Reporting Person	Date			
/s/ W. Keith Maxwell III, Chief Executive Officer of TxEx Energy Investments, LLC				
**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 control number.