

## SPARK ENERGY, INC.

# Reported by WALL ALLISON

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 05/05/15 for the Period Ending 05/04/15

Address 12140 WICKCHESTER LANE

SUITE 100

HOUSTON, TX, 77079

Telephone (713) 600-2600

CIK 0001606268

Symbol SPKE

SIC Code 4931 - Electric and Other Services Combined

Industry Electric Utilities

Sector Utilities

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

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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. ]	2. Issuer Name <b>and</b> Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<b>Wall Allison</b>				Sp	ark	k Ener	gy, Inc	. [ S]	PKF	E ]				<b>.</b>			0/ 0	
(Last) (First) (Middle)				3. ]	3. Date of Earliest Transaction (MM/DD/YYYY)									Director 10% Owner X Officer (give title below) Other (specify below) Chief Operating Officer				
2105 CITYV	VEST BL	VD., SU	JITE 100	)			5/-	4/20	15				C	niei Operai	ing Ome	er		
	(Stre	eet)		4. ]	lf Ar	nendme	ent, Date (	Origin	nal Fi	led (MI	M/DI	D/YYYY	) 6.	. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)
HOUSTON,													=	X _ Form filed by		rting Person One Reporting F	erson	
(C	ity) (Sta	ite) (Zij	p)															
			Table I - I	Non-Der	ivat	ive Sec	urities Ac	equir	ed, D	ispose	d of	f, or B	enef	icially Own	ed			
1.Title of Security (Instr. 3)		2. T	rans. Date	e 2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acq or Disposed of (I (Instr. 3, 4 and 5)		f (Ď)	ired (A)	5. Amount of Securi Following Reported (Instr. 3 and 4)		ies Beneficia Transaction(	ally Owned s)	6. Ownership Form:	Beneficial	
							Code	v	Amo		(D)	Price					Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Class A Common S	tock		5/	4/2015			M		651	8	A	<u>(1)</u>			6518		D	
	Tabl	le II - Deri	ivative Sec	curities l	Bene	eficially	Owned (	e.g. ,	, puts	s, calls	, wa	arrants	s, op	tions, conve	ertible sec	urities)	•	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. (Instr. 8)	(		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		S	7. Title and Securities U Derivative 9 (Instr. 3 and		erlying	Derivative Security	9. Number of derivative Securities Beneficially Owned Following	Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exerc	isable	Expiration Date		Γitle		Amount or Number of Shares		Reported Transaction(s (Instr. 4)	or Indirect (I) (Instr. 4)	
Restricted Stock Unit	<u>(1)</u>	5/4/2015		М			6518	<u>(</u>	<u>2)</u>	<u>(2)</u>		Class Comm Stock	on	6518.0	<u>(1)</u>	29555	D	

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

- (1) Restricted Stock Units convert into Class A Common Stock on a one-for-one basis.
- (2) The shares of Class A Common Stock reported represent shares issued as a result of vesting of 6,518 Restricted Stock Units ("RSUs") on May 4, 2015.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Wall Allison 2105 CITYWEST BLVD., SUITE 100 HOUSTON, TX 77042			Chief Operating Officer						

#### Signatures

/s/ Allison Wall, by Gil Melman as Attorney-in-Fact 5/5/2015

\*\* 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.