## Wade Lori L. Form 3 March 28, 2013 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: 2005

## **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Wade Lori L.	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol SPARTAN MOTORS INC [SPAR]				
(Last) (First) (Middle) 1541 REYNOLDS ROAD	03/22/2013	4. Relationshi Person(s) to Is			5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street)		(Check Director X Officer	all applicable) 10% ( Other	Owner	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting	
CHARLOTTE, MI 48813		(give title below			Person Form filed by More than One Reporting Person	
(City) (State) (Zip)	Table I - N	on-Derivat	ive Securiti	es Bei	neficially Owned	
1.Title of Security (Instr. 4)	2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	-	
Common Stock	23,521		D	Â		
information conta required to respo	ch class of securities benefici pond to the collection of ained in this form are not and unless the form displa MB control number.	5 51	EC 1473 (7-02	)		
Table II - Derivative Security	rities Beneficially Owned (e.	g., puts, calls,	warrants, opt	tions, co	onvertible securities)	

1. Title of Derivative Security	2. Date Exerc	isable and	3. Title and	Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date (Month/Day/Year)		Securities Underlying		Conversion	Ownership	Beneficial Ownership
			Derivative Security		or Exercise	Form of	(Instr. 5)
			(Instr. 4)		Price of	Derivative	
	Date Expiration Exercisable Date	Englanding	T:41-	<b>A</b>	Derivative	Security:	
		The	Amount or	Security	Direct (D)		
		Date		Number of		or Indirect	

Estimated average burden hours per

response...

0.5

Shares

(I) (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Wade Lori L. 1541 REYNOLDS ROAD CHARLOTTE, MI 48813	Â	Â	Interim CFO	Â	
Signatures					
/s/ Kimberly A. Baber, as Attorney-In-Fact	03/28/2013				
**Signature of Reporting Person			Date		

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 5(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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.