FORM	4	

(Print or Type Pernonses)

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

Ations *See* b) 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 - Chess Raymond Joseph	2. Issuer Name and Ticker or Trading Symbol Workhorse Group Inc. [WKHS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) C/O WORKHORSE GROUP, INC., COMMERCE DRIVE	100	3. Date of Earliest Transaction (Month/Day/Year) 04/15/2013							her (specify belo	w)	
(Street) LOVELAND, OH 45140	4	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Own	ned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)		4. Securi (A) or D (Instr. 3,	isposed o	of(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D)	Beneficial	
		(Monui/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	-	

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

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

_	(e.g., puts, calls, warrants, options, convertible securities)														
	Conversion	(Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion		e (A) ed	6. Date Exercisable and Expiration Date (Month/Day/Year)		and 7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	Beneficial
				Code	v	(A)	(D)		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Stock Options	\$ 0.25	04/15/2013		Р		\$ 100,000		04/15/2013	04/15/2018	Common Stock	\$ 100,000	\$ 0.25	\$ 100,000	D	
Stock Options	\$ 0.26							10/24/2013	10/24/2018	Common Stock	\$ 500,000		\$ 500,000	D	
Stock Options	\$ 0.01	07/01/2014		Р		\$ 700,000		07/01/2014	07/01/2019	Common Stock	\$ 700,000	\$ 0.01	\$ 700,000	D	
Stock Options	\$ 0.14	12/19/2014		Р		\$ 100,000		12/19/2014	12/19/2019	Common Stock	\$ 100,000 <u>(1)</u>	\$ 0.14	\$ 100,000	D	
Stock Options	\$ 0.175	08/13/2015		Р		\$ 100,000		08/13/2015	08/11/2020	Common Stock	\$ 100,000	\$ 0.175	\$ 100,000	D	

Reporting Owners

Description Operation Name (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Chess Raymond Joseph C/O WORKHORSE GROUP, INC. 100 COMMERCE DRIVE LOVELAND, OH 45140	Х						

Signatures

/s/ Raymond Chess	10/01/2015
Signature of Reporting Person	Date

Explanation of Responses:

* 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).

(1) Mr. Chess was granted the stock option for service as a director to the company. 25,000 of the options vested on December 19, 2014 and 25,000 shall vest every six (6) months thereafter.

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.