

(Print or Type Responses) 1. Name and Address of Reporting

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

#### OMB APPROVAL OMB 3235-Number: 0104 Estimated average burden hours per 0.5 response...

#### INITIAL STATEMENT OF 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

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Budde Gerald B.	(Mon	nent th/Day/Year)	Workł	Workhorse Group Inc. [WKHS]				
(Last) (First) (Middle) C/O WORKHORSE GROUP INC., 100 COMMERCE DRIVE		12/17/2015		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_DirectorOfficer (giveOther (specify title below)Other (specify below)			5. If Amendment, Date Original Filed(Month/Day/Year)  6. Individual or Joint/Group Filing(Check Applicable Line)X_Form filed by One Reporting PersonForm filed by More than One Reporting Person	
LOVELAND, OH 45140								
(City) (State)	(Zip)	Table	I - Non-Der	ivative S	ecurities	Beneficiall	y Owned	
1.Title of Security (Instr. 4)		Benefic	2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, \$0.001 par value per share		re 50,000	50,000		D			
not required to renumber.  Table II - Derivative Security  1. Title of Derivative Security (Instr. 4)  2. Date I Expiration (Month/Da		Exercisable and 3. T Second Date Der (Ins		g., puts, calls, warra itle and Amount of arities Underlying vative Security ar. 4)				
	2. Date Exercis Expiration Date (Month/Day/Year)	able and	3. Title and A Securities Un	mount of derlying	4. Conversi or Exerci Price of	5. Ownershi ise Form of Derivativ	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	2. Date Exercis Expiration Date	able and	3. Title and A Securities Underivative Se	mount of derlying	4. Conversi or Exerci	5. Ownershi ise Form of Derivativ	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	2. Date Exercis Expiration Date (Month/Day/Year)	Expiration Date	3. Title and A Securities Un Derivative Se (Instr. 4)	mount of derlying curity  Amount or Number	4. Conversion Exerciprice of Derivativ	5. Ownershi ise Form of Derivativ Security: Direct (D or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Budde Gerald B. C/O WORKHORSE GROUP INC. 100 COMMERCE DRIVE	X				

#### **Signatures**

/s/ Gerald B. Budde	12/23/2015
**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).
- (1) 10,000 of the options vested on December 17, 2015 and 4,000 shall vest every June 30 and December 31 until vested in full.

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.