# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL						
OMB Number: 3235-0287						
stimated average burden						
ours per response.	0.5					

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

#### 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

	pe Response												-					
1. Name and Address of Reporting Person *- Budde Gerald B.				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						
		E GROUP INC.,,	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/18/2016							officer (give	title below)		r (specify below	v)			
(Street) 4 LOVELAND, OH 45140				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ For	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(Cit		(State)	(Zip)				Table	I - Non-	-Doriv	ativo	Securities	s Aca	mired D	isnosod (	of or Renet	icially Owne	ď	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. De Execution any (Month	ion I	Date,	3. Tr Code (Instr	ansactio	n 4. (A	Secu ) or I	rities Acqu Disposed o	iired	Owned Following Reported Transaction(s)  Ownership of Inc.  Form: Bene			7. Nature of Indirect Beneficial Ownership		
				(Wollan	/Da	y/ I Ca		ode	V Aı	moun	(A) or (D)	Price	or Indire (I)		or Indirect	(Instr. 4)		
Common share	Stock, \$0.	001 par value per	11/18/2016				2	K	25 (1)	5,000 1	$\begin{bmatrix} A & \begin{bmatrix} \$ \\ 3 \end{bmatrix} \end{bmatrix}$	§ 37,50	00 \$ 75,000				See Footnote	
Remildel.	report on a r	separate line for eac	Table II -	Derivat	ive S	Secur	ities Ac	Pe in di: quired,	ersons this fo splays	s whorm s a c	are not recurrently of, or Bene	equii valid ficial	red to re OMB c	espond ontrol n	unless the	tion contain e form	ed SEC	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	tion	5. No of Deriv Secu Acqu (A) o Disp (D)	vative rities nired or osed of r. 3, 4,	Expiration Date Am (Month/Day/Year) Un- Sec (In:			mount of inderlying		Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownersh Form of Derivativ Security Direct (I or Indire			
				Code	V	(A)	(D)	Date Exercis	sable		Expiration Date	Tit	tle	Amount or Number of Shares				
Common Stock Purchase Warrant	\$ 1.5	11/18/2016		X			25,000 (1)	05/2	8/201	4 0	05/28/201	.7	ommon Stock, Par Value 50.001	0	\$ 0	0	I	See footnote
Stock Options	\$ 7.01							12/17	/2015	(2) 1	2/17/202	20	ommon Stock, Par Value 50.001	50,000 (2)		50,000 (2)	D D	
Stock Options	\$ 7.21							08/16	/2016	(3) 0	08/16/202	21	ommon Stock, Par Value 50.001	10,000		10,000 (3)	D D	

### **Reporting Owners**

Donostino Ossano Norro / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Budde Gerald B. C/O WORKHORSE GROUP INC., 100 COMMERCE DRIVE LOVELAND, OH 45140	X					

# **Signatures**

/s/ Gerald B. Budde	12/09/2016
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) On November 18, 2016, the Gerald B. Budde Living Trust dated September 8, 2004 exercised a common stock purchase warrant to acquire 25,000 shares of common stock at an exercise price of \$1.50 per share. Gerald Budde is the trustee of such trust.
- (2) 10,000 of the options vested on December 17, 2015 and 4,000 shall vest every six (6) months thereafter on June 30 and December 31.
- (3) 2,500 of the options vested on August 16, 2016 and an additional 2,500 will vest every six 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.