

(Print or Type Responses)

CLARK MICHAEL

Person *

LAURENCE (Last)

1. Name and Address of Reporting

(First)

(Middle)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Weekington, D.C. 20540

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL					
OMB	3235-				
Number:	0104				
Estimated average					
burden hours pe					
response	0.5				

5. If Amendment, Date Original

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Statement

09/28/2018

(Month/Day/Year)

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

Workhorse Group Inc. [WKHS]

4. Relationship of Reporting

C/O WORKHORSE GROUP INC., 100 COMMERCE DRIVE (Street) LOVELAND,, OH 45140			Person(s) to Issuer (Check all applicable)					Filed(Month/Day/Year)	
			X Director 10% Owner Officer (give title below) Other (specify below)			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	Table I - Non-Derivative Securities Beneficially Owned						
		ount of Securitic cially Owned 4)			ture of Indirect Beneficial ership :. 5)				
	who respond to red to respond	the collect	ion of inform	ation co	ntained ii	n this		SEC 1473 (7-02)	
Table II - Derivativ	e Securities Ben	eficially Own	ed (<i>e.g.</i> , puts, o	calls, warı	ants, opti	ons, c	onvertible s	securities)	
	e Securities Ben 2. Date Exercisa Expiration Date (Month/Day/Year)	•	a. Title and An Securities Und Derivative Sec (Instr. 4)	mount of derlying	4. Convers or Exerc Price of	ion (onvertible s 5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
1. Title of Derivative Security (Instr. 4)	2. Date Exercisa Expiration Date	•	3. Title and An Securities Und Derivative Securities	mount of derlying	4. Convers or Exerc Price of Derivati Security	ion (cise I I I I I I I I I I I I I I I I I I I	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership	

Relationships

Director 10% Owner Officer Other

X

Signatures

Reporting Owner Name / Address

CLARK MICHAEL LAURENCE C/O WORKHORSE GROUP INC.

100 COMMERCE DRIVE LOVELAND,, OH 45140

/s/ Michael L. Clark	10/01/2018
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 September 28, 2018 and 4,000 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.