longer subject to

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

Check this box if no Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response. 0.5

Form 5 obligations Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment may continue. See Company Act of 1940 Instruction 1(b).

e Responses)													
1. Name and Address of Reporting Person *- Rodriguez Julio C.			Issuer Name and Ticker or Trading Symbol Workhorse Group Inc. [WKHS] Date of Earliest Transaction (Month/Day/Year) O7/01/2014 If Amendment, Date Original Filed(Month/Day/Year) Table I - Non-Derivative Securities Acquired						5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) CHIEF FINANCIAL OFFICER 6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Last) (First) (Middle) C/O WORKHORSE GROUP INC.,, 100 COMMERCE DRIVE (Street) LOVELAND, OH 45140 (City) (State) (Zip)														
		es Acquirec												
ecurity		2. Transaction Date (Month/Day/Yea	Execu any	tion D	d 3. Date, if C	. Tra	nsaction 4. (A 8) (Ir	Securities Acq o) or Disposed onstr. 3, 4 and 5)	quired 5. A Ow Tra	Amount of Sec ned Following nsaction(s)	urities Ben	eficially 6	7. Ownership of orm: Boirect (D) or Indirect (I)	eneficial wnership
Report on a se	parate line for each		- Deriva	tive Se	ecurities	Acq	Persons in this fo a curren uired, Dispos	orm are not r tly valid OM ed of, or Bene	equired to B control eficially Ow	respond ui number.				74 (9-02)
	e (Month/Day/Year)	any	4. 5. Nun f Transaction Deriva Code Securi) (Instr. 8) Acqui or Dis of (D) (Instr.		5. Number Derivative Securities Acquired or Dispose of (D) Instr. 3, 4	mber of 6. Date Expiration (Month/D) sposed 3, 4,		risable and ate	7. Title and Amount of			Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
								1		T.		(Instr. 4)	(Instr. 4)	
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
\$ 1.75	08/13/2015		Code P		(A) 250,000	. ,	Exercisable		Title COMMO	or Number of Shares	\$ 1.75	250,000	D	
\$ 1.75 \$ 0.15	08/13/2015 12/19/2014			2	. ,	. ,	Exercisable 08/13/2015	Date	COMMO	or Number of Shares 2N 250,000 2N 150,000	•	250,000 150,000	D D	
\$ 0.15			P	2	250,000	. ,	Exercisable 08/13/2015 12/19/2014	Date 08/11/2020	COMMO STOCK	or Number of Shares ON 250,000 C 150,000 ON 743 330	\$ 0.15	,		
	Address of Julio C. KHORSE CE DRIVI ND, OH 45 curity Leport on a second or Exercise of Derivative	Address of Reporting Person Julio C. (First) KHORSE GROUP INC.,, 1 CE DRIVE (Street) ND, OH 45140 (State) currity 2. 2. Conversion of Conversion of Exercise Price of Derivative	Address of Reporting Person Julio C. (First) (Middle) KHORSE GROUP INC.,, 100 CE DRIVE (Street) ND, OH 45140 (State) (Zip) curity 2. Transaction Date (Month/Day/Year) Table II 2. Conversion or Exercise (Month/Day/Year) Price of Derivative	Address of Reporting Person 2. Issue Workhold (First) (Middle) 3. Date of O7/01/2 (CE DRIVE) 4. If Am ND, OH 45140 (State) (Zip) (Zip) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month Date (e.g., pt of Execution Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (e.g., pt of Execution Date (e.g., pt of Execution Date (Month/Day/Year) (Month/Day/Year) (Instr. 8)	Address of Reporting Person 2. Issuer Nar Workhorse Government of Early 100 C. (First) (Middle) 3. Date of Early 107/01/2014 (Street) 4. If Amendment of Execution Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Execution Date (Execution Da	Address of Reporting Person 2 Julio C. (First) (Middle) 3. Date of Earliest Tran 07/01/2014 (CE DRIVE (Street) 4. If Amendment, Date ND, OH 45140 Curity 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Derivative Securities beneficially owned direct (e.g., puts, calls, warr Code Securities (e.g., puts, calls, warr Code Securities (Month/Day/Year) 3. Derivative Securities (e.g., puts, calls, warr Code Securities (e.g., puts, calls, warr Code Securities (Month/Day/Year) 3. Derivative Securities (e.g., puts, calls, warr Code Securities (e.g., puts, calls, warr Code Securities (Month/Day/Year) 3. Derivative Securities (e.g., puts, calls, warr Code Securities (e.g., puts, calls, warr Code Securities (Month/Day/Year) 3. Derivative Securities (e.g., puts, calls, warr Code Securities (Instr. 8) 6. Number Code Securities Code Securities (Instr. 8) 6. Number Code Securities Code S	2. Issuer Name and Ticker Workhorse Group Inc. [Workhorse Group Inc. [O	2. Issuer Name and Ticker or Trading Symbols and Transaction (Month/Day Feel Symbols and Transaction And Ticker or Trading Symbols and Transaction (Month/Day Symbols and Transaction And Ticker or Trading Symbols and Transaction (Month/Day Symbols and Transaction And Transaction (Month/Day Symbols and Tran	Address of Reporting Person	Address of Reporting Person	Address of Reporting Person Surfice Continue Co	Address of Reporting Person	Address of Reporting Person Julio C. Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person(s) to Julio C. Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person(s) to Julio C. Check all applicable Julio Che	Address of Reporting Person Sulfo C. Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person Check all applicable Inc. [WKHS] Workhorse Group Inc. [WKHS] S. Oatto (Pissen) Workhorse Group Inc. [WKHS] S. Oatto (Pissen) Workhorse Group Inc. [WKHS] S. Relationship of Reporting Person Check all applicable Inc. [WKHS] Workhorse Group Inc. [WKHS] S. Oatto (Pissen) Workhorse Group Inc. [WKHS] Workhorse Group Inc. [WKHS] Workhorse Group Inc. [WKHS] S. Anount of Securities Securities Securities Securities Acquired (A) or Inc. [WKHS] S. Anount of Securities Securities (Inc. 2) S. Anount of Securities Securities Securities (Inc. 3) S. Anount of Securities Securities Securities (Inc. 3) S. Anount of Securities Securities Securities (Inc. 3) S. Anount of Securities Securi

Reporting Owners

Reporting Owner Name / Address	Relationships					
. 0	Director	10% Owner	Officer	Other		
Rodriguez Julio C. C/O WORKHORSE GROUP INC., 100 COMMERCE DRIVE LOVELAND, OH 45140			CHIEF FINANCIAL OFFICER			

Signatures

/s/ Julio C. Rodriguez	09/16/2015	
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).

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.