# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours 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

(Print or Type R	esponses)														
Name and Address of Reporting Person *  Taylor James				2. Issuer Name and Ticker or Trading Symbol Workhorse Group Inc. [WKHS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O AMP HOLDING INC.,, 100 COMMERCE DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 08/06/2012						x_	_ Director Officer (give titl	e below)	10% O	wner specify below)	
(Street) LOVELAND, OH 45140				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_1	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)	, 011 4314	(State)	(Zip)			Tab	ole I	- Non-Derivat	tive Securities	Acquired,	Disposed of	or Benefic	ially Owned		
(Instr. 3) Date			2. Transaction Date (Month/Day/Year	2A. Deemed 3. Trans Execution Date, if Code			(A) (Inst	ecurities Acqui or Disposed of r. 3, 4 and 5)  (A) or ount (D)	(D) Own Tran	mount of Sec ed Following saction(s) r. 3 and 4)		C F D o	orm: E birect (D) C r Indirect (I	Beneficial Ownership	
D : 1 D		. 1: 6 1 1	C 22 1	g : 11		<u> </u>			(=)				Į¢.		
Reminder: Repo	ort on a sepa	rate line for each cla	iss of securities be	neficially	own	ed directly	or in	Persons v	who respond m are not red y valid OMB	quired to	respond un				174 (9-02)
			Table II					ired, Disposed			ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution Date, if Transaction Derivative Expiration Date		7. Title and Amount of Underlying Securities		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
STOCK OPTIONS	\$ 0.175	08/13/2015		P		100,000		08/13/2015	08/11/2020	Commor Stock	100,000	\$ 0.175	100,000	D	
STOCK OPTIONS	\$ 0.01	07/01/2015		P		\$ 774,356		07/01/2015	06/29/2020	Commor Stock	\$ 774,356	\$ 0.01	\$ 774,356	D	
STOCK OPTIONS	\$ 0.14	12/19/2014		P		\$ 100,000		12/19/2014	12/18/2019	Commor Stock	\$ 100,000	\$ 0.14	\$ 100,000	D	
STOCK OPTIONS	\$ 0.29	03/15/2013		P		\$ 300,000		03/15/2013	03/14/2018	Common Stock	\$ 300,000	\$ 0.29	\$ 300,000	D	
STOCK OPTIONS	\$ 0.15	08/10/2012		P		\$ 300,000		08/10/2012	08/09/2017	Commor Stock	\$ 300,000	\$ 0.15	\$ 300,000	D	
STOCK OPTIONS	\$ 0.60							05/25/2011	05/25/2016	Commor Stock	\$ 500,000		\$ 500,000	D	
COMMON STOCK PURCHASE WARRANT	\$ 2							05/25/2011	05/25/2016	Common Stock	\$ 500,000		\$ 500,000	D	
STOCK OPTIONS	\$ 0.68							10/11/2010	10/11/2015	Commor Stock	\$ 325,000		\$ 325,000	D	
STOCK OPTIONS	\$ 0.72							12/08/2010	12/08/2020	Commor Stock	\$ 1,200,000		\$ 1,200,000	) D	
STOCK OPTIONS	\$ 2							12/08/2010	12/08/2015	Commor Stock	\$ 600,000		\$ 600,000	D	
Reportii	ıg Ow	ners													

Daniel O Nove (Allen	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Taylor James						
C/O AMP HOLDING INC.,	x					
100 COMMERCE DRIVE	Λ					
LOVELAND, OH 45140						

### **Signatures**

/s/ James E. Taylor	09/16/2015
Signature of Reporting	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.