FORM 4
Check this box if no

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

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

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#### 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)	(kesponses)															
1. Name and Address of Reporting Person – Burns Stephen S.				2. Issuer Name <b>and</b> Ticker or Trading Symbol Workhorse Group Inc. [WKHS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
C/O WORK DRIVE		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2014							_X_Director10% Owner _X_Officer (give title below) Other (specify below) CEO							
(Street) LOVELAND, OH 45140				4. If Amendment, Date Original Filed(Month/Day/Year)								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)	5, 011 451 4	(State)	(Zip)			Table I -	Non-l	Der	ivative S	Securities	s Acqu	ired, Disposed of,	or Beneficia	ally Owned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Yea	Execution Date, if		(Instr. 8)		(.	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Owned Following Reported Transaction(s)			Ownership Form:	Beneficial	
					Code	v	7 4	Amount	(A) or (D)	Price	X /			Direct (D) or Indirect (I) (Instr. 4)		
COMMON	STOCK \$0	.001 PAR VALU	E									500,000			Ι	Deborah Sue Burns
COMMON	STOCK \$0	.001 PAR VALU	E									7,673,367			D	
Reminder: Rep	port on a sepa	rate line for each cla	ss of securities bene	eficially own	ed directly	y or indire	Pers this	for	m are n	ot requi	red to	e collection of inf respond unless number.			in SEC	1474 (9-02)
			Table II	- Derivative (e.g., puts,								Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		5. Numb Derivati Securitie Acquired Disposed (Instr. 3, 5)	ve E es (1 d (A) or d of (D)	xpirat	tion	ercisable Date y/Year)		Under	e and Amount of lying Securities 3 and 4)	Derivative	9. Number Derivative Securities Beneficiall Owned Following Reported	Owners Form of	ve Ownersl (Instr. 4)

					5)						Reported	or Indirect	
			Code	v	(A)		Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	
STOCK OPTIONS	\$ 1.75	08/03/2015	Р		500,000	08/03/2015	08/03/2020	COMMON STOCK	500,000	\$ 1.75	500,000	D	
STOCK OPTIONS	\$ 0.14	12/19/2014	Р		500,000	12/19/2014	12/18/2019	COMMON STOCK	500,000	\$ 0.14	500,000	D	
STOCK OPTIONS	\$ 0.01	07/01/2014	Р		2,814,397	07/01/2014	06/30/2019	COMMON STOCK	2,814,397	\$ 0.01	2,814,397	D	
COMMON STOCK PURCHASE WARRANT	\$ 0.15					05/23/2014	05/23/2017	COMMON STOCK	543,500		543,500	D	
STOCK OPTIONS	\$ 0.29					03/15/2013	05/25/2018	COMMON STOCK	400,000		400,000	D	
STOCK OPTIONS	\$ 0.6					05/25/2011	05/25/2016	COMMON STOCK	500,000		500,000	D	
COMMON STOCK PURCHASE WARRANT	\$ 2					05/25/2011	05/24/2016	COMMON STOCK	500,000		500,000	D	
COMMON STOCK PURCHASE WARRANT	\$ 2					12/08/2010	12/07/2015	COMMON STOCK	300,000		300,000	D	
STOCK OPTIONS	\$ 0.11	12/04/2012	Р		300,000	12/04/2010	12/04/2015	COMMON STOCK	\$ 300,000	\$ 0.11	\$ 300,000	D	
STOCK OPTIONS	\$ 0.72					12/08/2010	12/08/2020	COMMON STOCK	\$ 300,000		\$ 300,000	D	

# **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Burns Stephen S. C/O WORKHORSE GROUP, INC. 100 COMMERCE DRIVE LOVELAND, OH 45140	х		CEO					

### Signatures

/s/ Stephen S. Burns	09/25/2015
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.