FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 P	Responses)													
1. Name and Address of Reporting Person * Mader Pamela S.				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						
(Last) (First) (Middle) C/O WORKHORSE GROUP INC., 100 COMMERCE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 03/15/2022					Office	er (give title belo	ow)	Other (specify l	pelow)	
(Street) LOVELAND, OH 45140				4. If Am	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) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of						osed of, or	Beneficially	Owned			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		(A) or I	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Following	Form:	7. Nature of Indirect Beneficial	
					Cod	le V	Amoun	(A) or (D)	Price	(Instr. 3	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stovalue per sha		001 par	03/15/2022			P		12,600) A	\$ 3.178	53,508			D	
							th quired,	e form di Disposed	splays of, or B	a curro Beneficia	ently valid	OMB con	spond unle trol numbe		
				(e.g., puts	calls, w	arrants	s, optio	ns, conve	rtible se	curities)				
(Instr. 3) Prid Der	nversion Exercise ce of crivative curity	3. Transacti Date (Month/Day	Execution I any			Number a		Date Exercisable and Expiration Date Month/Day/Year)		An Un Sec	Title and nount of derlying curities str. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Beneficia Ownersh (Instr. 4)
				Co	ode V	(A)		ate xercisable	Expirat Date	tion Tit	Amount or Number of Shares				
Reporti	ng O	wners								•					

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Mader Pamela S. C/O WORKHORSE GROUP INC. 100 COMMERCE DRIVE LOVELAND, OH 45140	X					

Signatures

/s/ Arthur McMahon, attorney-in-fact for Pamela S. Mader	03/29/2022	
**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.