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

(Print or Type Pesponses)

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

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

SEC 1474 (9-02)

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 Responses)											
1. Name and Address of Reporting Pers QUIGLEY WILLIAM G III	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) C/O WORKHORSE GROUP IN COMMERCE DRIVE	(Middle) NC., 100	3. Date of Earliest Transaction (Month/Day/Year) 02/23/2022						Officer (give title below)	Other (specify b	pelow)	
(Street) LOVELAND, OH 45140		4. If Amendment, Date Original Filed(Month/Day/Year) 02/25/2022						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
(Instr. 3)	2. Transaction Date (Month/Day/Year)				(A) or Disposed of (D)		of	Beneficially Owned Following Reported Transaction(s) Form:		Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)	(1150.4)	
Common Stock, \$0.001 par value per share	02/23/2022		А		33,003 (1)	А	\$ 3.03	33,003	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Numl	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur	ities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o	ŗ						Reported	or Indirect	
						Dispo	sed						Transaction(s)	(I)	
						of (D)						(Instr. 4)	(Instr. 4)	
						(Instr									
						4, and	l 5)								
											Amount				
								Date	Emination		or				
								Exercisable	Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
QUIGLEY WILLIAM G III C/O WORKHORSE GROUP INC. 100 COMMERCE DRIVE LOVELAND, OH 45140	Х						

Signatures

Arthur McMahon, attorney-in-fact for William G. Quigley, III	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).
- Represents shares of common stock granted by Workhorse Group Inc. (the "Company") under a Restricted Stock Award Agreement vesting on August 23, 2022. The (1) original Form 4 reported an incorrect vesting date. The stock price reflected in Table I Column 4 was determined based on fair market value as the closing trading price of the Company's common stock on February 22, 2022.

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.