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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person DeMott Harry | | | | | 2. Issuer Name and Ticker or Trading Symbol Workhorse Group Inc. [WKHS] | | | | | | | | | ationship of F all applicab Director | , | | (s) to Issuer | vner | |
|---|--|--|--------------|-------|---|------|--|-------|--|------|--|----------------|---------------|--|---|---|--------------------|--|--|
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2023 | | | | | | | | | Officer (g below) | ive title | | Other (s below) | specify | |
| C/O WORKHORSE GROUP INC. 3600 PARK 42 DRIVE, SUITE 160E | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | | | | | | |
| (Street) SHARONVILI (City) | LE OH (State) | 45 (Zi | 5241 ip) | | | | | | | | | | | | Form file | d by More | than C | ne Reportin | g Person |
| | | Та | able I - Nor | n-Der | ivativ | e Se | curitie | s Acq | uired, | Disp | osed of, | or E | Benefi | cially Ow | ned | | | | |
| Date | | | | | th/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock, \$0.001 par value per share 02/2 | | | | | 22/202 | 3 | | | A | | 49,505 | (1) | A | \$2.02 | \$2.02 82,508 | | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date 3A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | te | Securities Und | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | | Amount or Number of Shares | | Transaction(s | | | |

Explanation of Responses:

1. Represents shares of common stock granted by Workhorse Group Inc. (the "Company") under a Restricted Stock Award Agreement, vesting on August 22, 2023; provided, if the reporting person is no longer a director of the Company on August 23, 2023 by reason of death, disability, or not standing for re-election, will vest pro rata based on the number of board meetings attended by the grantee in 2023 as compared to the total number of scheduled board meetings in 2023 between the grant date and the six-month anniversary thereof. 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 the trading day immediately prior to the grant date.

Remarks:

/s/ Arthur McMahon, attorney-in- 02/24/2023

fact for Harry DeMott

** Signature of Reporting Person

Date

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

- * 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.

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 Number.