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* Graber John Wesley | | | | | 2. Issuer Name and Ticker or Trading Symbol Workhorse Group Inc. [WKHS] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|---|-----|-------------|--------|---|------|--|-------|--|------|--------------------|--|---------------|---|--|--|---|--|--|--|
| (Last) | (First) | (Mi | iddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2023 | | | | | | | | X | Officer (g below) | ive title | | Other (s below) | specify | | |
| C/O WORKHORSE GROUP INC. | | | | | | | | | | | | | | | President, Aerospace | | | | | |
| 3600 PARK 42 DRIVE, SUITE 160E | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | - 1 | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | ^ | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| , , | SHARONVILLE OH 45241 | | | | | | | | | | | | | | i oiii iile | a by More | liiaii C | nie rreportin | g r eison | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | n-Deri | ivativ | e Se | curitie | s Acq | uired, | Disp | osed of, | or E | 3enefi | cially Ow | /ned | | | | | |
| Date | | | | | th/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | ities Acquired (A) or d 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) o | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock, \$0.001 par value per share 02/2 | | | | | | 3 | | | F | | 12,111 | (1) | D | \$1.99 | \$1.99 264,827 | | | 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) | vative Conversion Date Execution Date, irity (Instr. 3) or Exercise (Month/Day/Year) if any | | | ate, | 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 Transacti | 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) | | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | | | | |

Explanation of Responses:

1. Represents shares of common stock relinquished to the Company by the reporting person out of, and to cover estimated tax withholding for, restricted shares previously granted subject to vesting. The stock price reflected in Table I Column 4 was determined based on fair market value as of the closing trading price of the Company's common stock on the vesting date.

Remarks:

Arthur McMahon, III, attorney-infact for John Graber 02/27/2023

** Signature of Reporting Person D

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.