FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average b	ourden
houre por roeponeo	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 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

	pe Response													
1. Name and Address of Reporting Person * CLARK MICHAEL L.			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) 05/21/2020					Officer (give	title below)	Other	(specify belo	v)		
(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					
LOVELA (Cir		(State)	(Zip)			Table I	Jon Do	wiwatiwa Car	undition A on	vived Disposed	of an Dance	inially Owned		
1.Title of Security (Instr. 3) 2. Transaction Date			2A. Deemed Execution Date, i		3. Transa	3. Transaction Code 4. Securi (A) or D		s Acquired osed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		neficially 6	6. Ownership	7. Nature of Indirect Beneficial	
			(Woman Buy) Tour		n/Day/Yea		V		A) or (D) Price	(Instr. 3 and 4) Direct or Indi		Direct (D) r Indirect	Ownership	
Commor per share		0.001 par value	05/21/2020			A		22 642	\$ 2.65	94,355		I	,	
Reminder:	Report on a	separate line for each	class of securities be	eneficiall	y owned o	lirectly or in	Perso	ns who re		e collection of				1474 (9-02)
Reminder:	Report on a	separate line for each		- Deriva	tive Secur	ities Acquir	Perso in this a curr	ns who rest form are ently valid	not require OMB cont Beneficially	d to respond ι rol number.				1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II	- Deriva r (<i>e.g.</i> , pu 4. Transact	tive Secur its, calls, v 5. Numb of	ities Acquir varrants, op er 6. Date Expira (Mont ties red sed 3,	Perso in this a curr ed, Disp	ns who rest form are ently valid posed of, or convertible sable and te	OMB conf Beneficially securities) 7. Title	d to respond urol number. Owned and Amount of ing Securities	8. Price of		10. Owners: Form of Derivati Security Direct (I or Indire	11. Naturof Indire Benefici Owners!: (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	- Deriva r (<i>e.g.</i> , pu 4. Transact	tive Securits, calls, values of Derive Securit (A) or Dispo of (D) (Instr. 4, and	ities Acquir varrants, op er 6. Date Expira (Mont ties red sed 3,	Perso in this a curr ed, Disp tions, o Exerci- tion Dan/Day/Y	ns who rest form are ently valid posed of, or convertible sable and te	Denot require OMB confine Beneficially securities) 7. Title Underly	d to respond urol number. Owned and Amount of ing Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Owners: Form of Derivati Security Direct (() or Indirect)	11. Naturof Indire Benefici Owners!: (Instr. 4

Reporting Owners

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

Signatures

/s/ Michael L. Clark	05/26/2020
**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).
- (1) Represents shares of common stock granted under a Restricted Stock Award Agreement vesting on the six month anniversary of the grant.

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.