FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0	287					
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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 Ty	pe Response	s)																
1. Name and Address of Reporting Person * Samuels H. Benjamin				2. Issuer Name and Ticker or Trading Symbol Workhorse Group Inc. [WKHS]								ol		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) 01/07/2021								ear)		er (give title belo	ow)	Other (specify	below)	
(Street) LOVELAND, OH 45140				4. If Amendment, Date Original Filed(Month/Day/Year)							y/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 Acqui							ired, Disposed 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		e, if	(Instr. 8)		(A) or Di		Disp	isposed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	Common Stock, \$0.001 par 01/07/2021		01/07/2021					ode S	V	Amou 33,33	33	D	Price \$	493,702	,		(Instr. 4)	
value per	share		01/07/2021				,			(1)	,		26	493,702	•		D	_
	Common Stock, \$0.001 par value per share 01/07/2021					\$	S		33,33 (1)	33	D	\$ 26	545,420			I	See Footnote (2)	
Common Stock, \$0.001 par value per share 01/07/2021					,	S		33,33 (1)	33		\$ 26	320,965	320,965		I	See Footnote (3)		
Reminder:	Report on a s	separate line fo	r each class of secur Table II - I	Derivativ	e Secu	rities	s Ac	quire	Pers conta the f	ons wl ained i orm di	ho rein th	nis form ays a co or Bene	m are curre	not requesting ntly valid	ction of inf uired to res OMB conf	spond unle	ess	C 1474 (9-02)
1. Title of	2	3. Transaction		<i>e.g.</i> , puts	, calls,	war 5.				conver				itle and	8 Price of	9. Number	of 10.	11. Natı
Derivative Security	curity Conversion or Exercise (Month/Day/Year) Execution Date, if Transaction Number of Code		ative ities red sed	and Expiration Date (Month/Day/Year) US (I			Amo Und Secu	ount of erlying urities r. 3 and Derivative Security (Instr. 5)		Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	ship of Indire f Benefic tive Owners y: (Instr. 4						
				С	ode '	V (A)		Date Exer	cisable		oiration te	Title	Amount or Number of Shares				

Reporting Owners

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

Signatures

/s/ H. Benjamin Samuels	01/08/2021			
**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) The sales reported on this Form 4 were effected pursuant to a Rule 10b-5 trading plan.
- (2) Mr. Samuels is the trustee of the Samuels 2012 Children's Trust UAD 10/28/12.
- (3) Marci Rosenberg is the trustee of the Marci Rosenberg 2012 Family Trust. Mrs. Rosenberg is the wife of Mr. Samuels.

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.