## FORM 4

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

OMB APPROVAL
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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)															
Name and Address of Reporting Person  Hughes Duane					2. Issuer Name <b>and</b> 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) 07/01/2021							į	X Officer (give title below) Other (specify below)  CEO and President				
(Street) LOVELAND, OH 45140				4. If Amendment, Date Original Filed(Month/Day/Year)							ear)	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 Acqu							Secur	lired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Yea			n Date, if		3. Transaction Code (Instr. 8)		4. Securities Acqui(A) or Disposed of (Instr. 3, 4 and 5)		d of (D) Owned Followin		ng Reported		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) (D)					or Indirect (I) (Instr. 4)	(Instr. 4)	
Commor share	Stock, \$0	0.001 par value pe	o7/01/2021					F		18,067 (1)	D	\$ 15.64	361,502			D	
Telimider.	report on u	separate line for each						Pe in	erso this curi	ons who r s form are rently val	e not	required MB contro	collection of to respond un of number.				1474 (9-02)
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Execution Date, if	4. Transac Code	4. 5. Transaction Num Code of (Instr. 8) Der Sec Acc (AA) Dis of (Instr. 8)		6. Date Expirati (Month/ rities ired r osed )		tions, convertible sec Exercisable and ion Date //Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Ownershi (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisabl	le	Expiration Date	n	Title	Amount or Number of Shares				
Stock Options	\$ 0.97							03/31/20	)19	02/04/2		Commor Stock, \$0.001 par value per share	900,000.00		900,000	D	
Stock Options	\$ 0.97							02/04/20	)19	02/04/2		Commor Stock, \$0.001 par value per share	50,000.00		50,000	D	
Stock Options	\$ 5.28							06/30/20	)17	05/19/2	027	Commor Stock, \$0.001 par value per share	50,000.00		50,000	D	

# **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Hughes Duane C/O WORKHORSE GROUP INC. 100 COMMERCE DRIVE LOVELAND, OH 45140	X		CEO and President					

#### **Signatures**

/s/ Duane Hughes	07/06/2021
**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) 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 the closing trading price of the Company's common stock on July 1, 2021.

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.