

Workhorse Group Inc.  
Form 4  
September 25, 2015

**FORM 4** UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2015  
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 OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
Burns Stephen S.

(Last) (First) (Middle)

C/O WORKHORSE GROUP,  
INC., 100 COMMERCE DRIVE

(Street)

LOVELAND, OH 45140

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
Workhorse Group Inc. [WKHS]

3. Date of Earliest Transaction  
(Month/Day/Year)  
07/01/2014

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
CEO

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, 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)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D)	Code V Amount (D) Price		
COMMON STOCK \$0.001 PAR VALUE					500,000	I	Deborah Sue Burns
COMMON STOCK \$0.001 PAR VALUE					7,673,367	D	

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

Persons who respond to the collection of information contained in this form are not

SEC 1474 (9-02)

required to respond unless the form displays a currently valid OMB control number.

**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 (Month/Day/Year)	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 and Expiration Date (Month/Day/Year)	7. Title and Underlying Security (Instr. 3 and 4)
				Code	V (A) (D)	Date Exercisable Expiration Date	Title
STOCK OPTIONS	\$ 1.75	08/03/2015		P	500,000	08/03/2015 08/03/2020	COMMON STOCK
STOCK OPTIONS	\$ 0.14	12/19/2014		P	500,000	12/19/2014 12/18/2019	COMMON STOCK
STOCK OPTIONS	\$ 0.01	07/01/2014		P	2,814,397	07/01/2014 06/30/2019	COMMON STOCK
COMMON STOCK PURCHASE WARRANT	\$ 0.15					05/23/2014 05/23/2017	COMMON STOCK
STOCK OPTIONS	\$ 0.29					03/15/2013 05/25/2018	COMMON STOCK
STOCK OPTIONS	\$ 0.6					05/25/2011 05/25/2016	COMMON STOCK
COMMON STOCK PURCHASE WARRANT	\$ 2					05/25/2011 05/24/2016	COMMON STOCK
COMMON STOCK PURCHASE WARRANT	\$ 2					12/08/2010 12/07/2015	COMMON STOCK
STOCK OPTIONS	\$ 0.11	12/04/2012		P	300,000	12/04/2010 12/04/2015	COMMON STOCK
STOCK OPTIONS	\$ 0.72					12/08/2010 12/08/2020	COMMON STOCK

## Reporting Owners

Reporting Owner Name / Address

Relationships

Edgar Filing: Workhorse Group Inc. - Form 4

Director   10% Owner   Officer   Other

Burns Stephen S.  
C/O WORKHORSE GROUP, INC.                      X                      CEO  
100 COMMERCE DRIVE  
LOVELAND, OH 45140

## Signatures

/s/ Stephen S.  
Burns    09/25/2015

\_\_Signature of                                      Date  
Reporting Person

## 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).

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.