Workhorse Group Inc. Form 4 December 09, 2016

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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OMB APPROVAL

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Check this box

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Budde Gerald B.

(First) (Middle) (Last)

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

(Street)

2. Issuer Name and Ticker or Trading Symbol

Workhorse Group Inc. [WKHS]

3. Date of Earliest Transaction (Month/Day/Year) 11/18/2016

Filed(Month/Day/Year)

4. If Amendment, Date Original

below)

X_ Director

Issuer

10% Owner Other (specify Officer (give title

6. Individual or Joint/Group Filing(Check Applicable Line)

5. Relationship of Reporting Person(s) to

(Check all applicable)

X Form filed by One Reporting Person Form filed by More than One Reporting

LOVELAND, OH 45140

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3.

1.Title of 2. Transaction Date 2A. Deemed 4. Securities Acquired (A) 5. Amount of 7. Nature of 6. Transactionr Disposed of (D) Ownership Security (Month/Day/Year) Execution Date, if Securities Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial (Month/Day/Year) (Instr. 8) Owned Direct (D) Ownership Following or Indirect (Instr. 4) Reported (I) (A) Transaction(s) (Instr. 4) or (Instr. 3 and 4) (D) Code V Amount Price

Common Stock.

\$0.001 par 11/18/2016

value per share

25,000 X (1)

37,500

\$ 75,000

See Footnote Ι (1)

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

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(9-02)

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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. Transac Code (Instr. 8	tio)	Derive Secu Acque or Di (D)	rities nired (A) isposed of r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shar
Common Stock Purchase Warrant	\$ 1.5	11/18/2016		X			25,000 (1)	05/28/2014	05/28/2017	Common Stock, Par Value \$0.001	0
Stock Options	\$ 7.01							12/17/2015(2)	12/17/2020	Common Stock, Par Value \$0.001	50,00
Stock Options	\$ 7.21							08/16/2016(3)	08/16/2021	Common Stock, Par Value \$0.001	10,00

Reporting Owners

Reporting Owner Name / Address	Relationships						
• 5	Director	10% Owner	Officer	Other			
Budde Gerald B. C/O WORKHORSE GROUP INC., 100 COMMERCE DRIVE LOVELAND, OH 45140	X						

Signatures

/s/ Gerald B. 12/09/2016 Budde

**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).
- (1) On November 18, 2016, the Gerald B. Budde Living Trust dated September 8, 2004 exercised a common stock purchase warrant to acquire 25,000 shares of common stock at an exercise price of \$1.50 per share. Gerald Budde is the trustee of such trust.

Reporting Owners 2

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- (2) 10,000 of the options vested on December 17, 2015 and 4,000 shall vest every six (6) months thereafter on June 30 and December 31.
- (3) 2,500 of the options vested on August 16, 2016 and an additional 2,500 will vest every six months thereafter.

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.