

Workhorse Group Inc.
Form 4
September 16, 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 *
Taylor James

(Last) (First) (Middle)

C/O AMP HOLDING 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)
08/06/2012

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)

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 Beneficial Ownership (Instr. 4)
				(A) or (D)			
				Code V Amount (D) Price			

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

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Security (Instr. 3 and 4)

Edgar Filing: Workhorse Group Inc. - Form 4

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Am Num Sha
			Code	V (A) (D)				
STOCK OPTIONS	\$ 0.175	08/13/2015	P	100,000	08/13/2015	08/11/2020	Common Stock	10
STOCK OPTIONS	\$ 0.01	07/01/2015	P	\$ 774,356	07/01/2015	06/29/2020	Common Stock	\$ 7
STOCK OPTIONS	\$ 0.14	12/19/2014	P	\$ 100,000	12/19/2014	12/18/2019	Common Stock	\$ 1
STOCK OPTIONS	\$ 0.29	03/15/2013	P	\$ 300,000	03/15/2013	03/14/2018	Common Stock	\$ 3
STOCK OPTIONS	\$ 0.15	08/10/2012	P	\$ 300,000	08/10/2012	08/09/2017	Common Stock	\$ 3
STOCK OPTIONS	\$ 0.6				05/25/2011	05/25/2016	Common Stock	\$ 5
COMMON STOCK PURCHASE WARRANT	\$ 2				05/25/2011	05/25/2016	Common Stock	\$ 5
STOCK OPTIONS	\$ 0.68				10/11/2010	10/11/2015	Common Stock	\$ 3
STOCK OPTIONS	\$ 0.72				12/08/2010	12/08/2020	Common Stock	1,2
STOCK OPTIONS	\$ 2				12/08/2010	12/08/2015	Common Stock	\$ 6

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Taylor James C/O AMP HOLDING INC., 100 COMMERCE DRIVE LOVELAND, OH 45140	X			

Signatures

/s/ James E. Taylor 09/16/2015

**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).

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.