## Edgar Filing: Workhorse Group Inc. - Form 4/A

Workhorse Group Inc.

Common 03/04/2014

Stock,

Form 4/A September	30, 2015											
FOR	ЛЛ								OMB API	PROVAL		
	UNITED	STATES	ES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287		
Check this box if no longer									Expires:	January 31,		
subject Section Form 4	sto <b>STATE</b> 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								2005 verage s per 0.5		
Form 5 obligat may co <i>See</i> Ins 1(b).	ions Section 17	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										
(Print or Type	e Responses)											
1. Name and Address of Reporting Person <u>*</u> LUKENS JOSEPH THEODORE JR			2. Issuer Name <b>and</b> Ticker or Trading Symbol				Issu	Relationship of Reporting Person(s) to suer				
		<b>AC111</b>	Workhorse Group Inc. [WKHS]					(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					Director X 10% Owner				
	KHORSE GROU COMMERCE D		03/18/	-			belo	Officer (give ti		(specify		
	(Street)		4. If Ar	nendment, l	Date Original		6. Iı	6. Individual or Joint/Group Filing(Check				
			Filed(M 09/24/	lonth/Day/Ye 2015	ear)		_X_	licable Line) Form filed by Or Form filed by Mo				
LOVELA	ND, OH 45140						Pers		r			
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivative S	ecuriti	ies Acquired	d, Disposed of,	or Beneficially	v Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ansaction Date 2A. Deemed th/Day/Year) Execution Date any (Month/Day/Ye			Date, if TransactionDisposed of (D) Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s (Instr. 3 and 4	Ownership Form: Direct (D) or Indirect (I) ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	(D)	Price	(insu: 5 and 4	r)			
Stock, \$0.001 par value per share	08/19/2015			Р	1,000,000	A	\$ 250,000	12,042,603	D			
Common Stock, \$0.001 par value per share	11/29/2012			Р	1,548,698	A	\$ 300,000	1,548,698	I	The Joe & Kim Lukens Foundation		

		Luga	i illigi tronuloi						
\$0.001 par value per share							ע ק ע ע ע ע ע ע ע ע ע ע ע ע ע ע ע ע ע ע	Delaware Administrat Irustee of th Ioe & Kim Lukens Dynasty Tru	ne
Reminder: Ro	eport on a sepa	arate line for each clas	s of securities benefi	Person informa require	s who respond to ation contained ir d to respond unlo s a currently vali	the collection this form are less the form	e not (9	1474 -02)	
			tive Securities Acqu uts, calls, warrants,						
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)	Code	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou Numb Shares
Common Stock Purchase	\$ 0.15	05/22/2014		Р	9,000,000	05/23/2014	05/22/2017	Common Stock, Par Value \$0.001	9,00
Common Stock Purchase	\$ 0.15					03/18/2014	03/17/2017	Common Stock, Par Value \$0.001	6,00
Common Stock Purchase	\$ 0.4					03/13/2013	03/12/2016	Common Stock, Par Value \$0.001	2,50
Common Stock Purchase	\$ 0.4					01/29/2013	01/28/2013	Common Stock, Par Value \$0.001	2,50

## **Reporting Owners**

Relationships

**Reporting Owner Name / Address** 

Director 10% Owner Officer Other Х

LUKENS JOSEPH THEODORE JR C/O WORKHORSE GROUP INC., 100 COMMERCE DRIVE LOVELAND, OH 45140

## Signatures

/s/ Joseph T. 09/30/2015 Lukens

<u>\*\*</u>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.