FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).
U	obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPRO	VAL
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Second

Curve Capital, LLC

T

1. Name and Address of Reporting Person [*] SECOND CURVE CAPITAL LLC					2. Issuer Name and Ticker or Trading Symbol <u>CONSUMER PORTFOLIO SERVICES</u> <u>INC</u> [CPSS]						ationship of Reportir k all applicable) Director	X 10%	Owner
(Last) 350 5TH AVEN	(First) NUE, SUITE 473	(Middle) 0			e of Earliest Transa 8/2017	iction (N	/lonth/	Day/Year)			Officer (give title below)	belo	er (specify wv)
(Street) NEW YORK (City)	NY (State)	10118 (Zip)		4. If Ai	mendment, Date of	Origina	l Filec	(Month/Day/	Year)	6. Indi Line) X	vidual or Joint/Group Form filed by On Form filed by Mo Person	e Reporting P	erson
		Table I - No	n-Deriva	tive S	Securities Acq	uired	, Dis	posed of,	or Ber	neficially	Owned		
1. Title of Security (Instr. 3)		2. Transact Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
													By advisory

Common	Stock.	no	par	value

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

5,000

D

\$3.8977

2,279,884⁽¹⁾

08/08/2017

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. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

1. Name and Address of Reporting Person* SECOND CURVE CAPITAL LLC

(Last)	(First)	(Middle)	
350 5TH AVEN	UE, SUITE 4730		
(Street)			
NEW YORK	NY	10118	
(City)	(State)	(Zip)	
1. Name and Addres BROWN TH	s of Reporting Perso OMAS K	n*	
(Last)	(First)	(Middle)	
C/O SECOND C	URVE CAPITAL	, LLC	
350 5TH AVENI			
550 JIII AVENU	UE, SUITE 4730		
(Street)	UE, SUITE 4730		
	UE, SUITE 4730	10118	

Explanation of Responses:

1. These securities may be deemed to be beneficially owned by Second Curve Capital, LLC and Thomas K. Brown. Second Curve Capital, LLC is the investment manager of Second Curve Partners, LP, Second Curve Partners II, LP, Second Curve Partners II, LP, Second Curve Partners II, Ltd., Second Curve Opportunity Fund, LP, Second Curve Vision Fund, LP, Second Curve Vision Fund International, Ltd. Thomas K. Brown

is the managing member of Second Curve Capital, LLC. Each such Reporting Person disclaims beneficial ownership of the reported securities except to the extent of his or its pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Second Curve Capital LLC, By: /s/ Thomas K. Brown, Managing Member /s/ Thomas K. Brown

08/10/2017

08/10/2017

Date

** Signature of Reporting Person

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

* 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.

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 Number.