| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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 APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|------------|------------------|--|--|-------------------------|-----------------|----------|--|--|
| Washer Greg | 5 | | INC [CPSS] | X | Director | 10% O | wner | | |
| | | | | | Officer (give title | | specify | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | | |
| 3800 HOWARI | D HUGHES P | KWY | 05/17/2017 | | | | | | |
| , | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6 Indiv | /idual or Joint/Group F | iling (Check Ar | nlicable | | |
| (Street) | | | 4. In Americanicia, Date of original Filed (Month/Day) real/ | Line) | | | | | |
| LAS VEGAS | NV | 89169 | | X | Form filed by One R | eporting Perso | on | | |
| | | | | | Form filed by More f | han One Repo | orting | | |
| (City) | (State) | (Zip) | | | Person | | | | |
| | | Table I - Non-De | rivative Securities Acquired, Disposed of, or Bene | ficially | Owned | | | | |
| | | 1 | 1 1 1 | | | 1 | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities / Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|--|---------------|-------|---|-----------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |

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. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 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 | | | | |
| Stock Option (right to buy) | \$4.35 | 05/17/2017 | | A | | 30,000 | | 11/17/2017 | 05/17/2024 | Common Stock, No Par Value | 30,000 | (1) | 30,000 | D | |

Explanation of Responses:

1. Issued in consideration of the named person's service to the issuer.

/s/ Greg Washer

05/19/2017

** Signature of Reporting Person

Date

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.