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).

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	DVAL
OMB Number:	3235-0287
Estimated average burg	len
hours per response:	0.5

advisory clients of

Second

Curve Capital, LLC

										3			
1. Name and Address of Reporting Person* <u>SECOND CURVE CAPITAL LLC</u>				2. Issuer Name and Ticker or Trading Symbol <u>CONSUMER PORTFOLIO SERVICES</u> <u>INC</u> [CPSS]							ationship of Reportin < all applicable) Director Officer (give title	X 10% Othe	ssuer Owner (specify
(Last) 350 5TH AVEN	(First) NUE, SUITE 4730	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/15/2016					below)	belov	v)		
(Street) NEW YORK (City)	NY (State)	10118 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)			6. Indiv Line) X	Form filed by One Reporting Persor					
	Tá	able I - No	n-Deriva	tive S	Securities Acq	uired	, Dis	posed of,	or Ber	neficially	Owned		
Date			2. Transact Date (Month/Day	Execution Date,				4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
													By

Common Stock, no par value 04/15/2016 S 5,000 D \$4.3688 2,529,388⁽¹⁾ I

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)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	Expiration Date (Month/Day/Year) irites ired r osed) r. 3, 4		Date Amount of			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	ss of Reporting Person [*] OMAS K	×	
(Last)	(First)	(Middle)	
C/O SECOND C	CURVE CAPITAL,	LLC	
350 5TH AVEN	UE, SUITE 4730		
(Street)			
NEW YORK	NY	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, LC, Second Curve Vision Fund, LP, Second Curve Vision Fund, 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: 04/19/2016 Thomas K. Brown, managing member /s/ Thomas K. Brown /s/ Thomas K. Brown 04/19/2016 ** 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.