

| OMB APPROVAL | |
|--|-----------|
| OMB Number: | 3235-0104 |
| Estimated average burden hours per response: | 0.5 |

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

| | | | |
|---|---|--|--|
| 1. Name and Address of Reporting Person* <u>SECOND CURVE CAPITAL LLC</u> <hr/> (Last) (First) (Middle) 350 5TH AVENUE, SUITE 4730 <hr/> (Street) NEW YORK NY 10118 <hr/> (City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year) 12/18/2017 | 3. Issuer Name and Ticker or Trading Symbol <u>CONSUMER PORTFOLIO SERVICES INC [CPSS]</u> | |
| | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <input type="checkbox"/> | 5. If Amendment, Date of Original Filed (Month/Day/Year) <hr/> 6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
| Common Stock, no par value | 2,176,884 | I | By advisory clients of Second Curve Capital, LLC ⁽¹⁾ |

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

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|--|--|---|
| | Date Exercisable | Expiration Date | | | | |
| | | | | | | |

| | | |
|---|--|--|
| 1. Name and Address of Reporting Person* <u>SECOND CURVE CAPITAL LLC</u> <hr/> (Last) (First) (Middle) 350 5TH AVENUE, SUITE 4730 <hr/> (Street) NEW YORK NY 10118 <hr/> (City) (State) (Zip) | | |
|---|--|--|

| | | |
|--|--|--|
| 1. Name and Address of Reporting Person* <u>BROWN THOMAS K</u> <hr/> (Last) (First) (Middle) C/O SECOND CURVE CAPITAL, LLC 350 5TH AVENUE, SUITE 4730 <hr/> (Street) NEW YORK NY 10118 <hr/> (City) (State) (Zip) | | |
|--|--|--|

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 International, 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.

| | |
|----------------------------------|-------------------|
| <u>Second Curve Capital LLC,</u> | |
| <u>By: /s/ Thomas K. Brown,</u> | <u>12/19/2017</u> |
| <u>Managing Member</u> | |
| <u>/s/ Thomas K. Brown</u> | <u>12/19/2017</u> |
| ** 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 5 (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.