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

INC [ CPSS ]     INC [ CPSS ]     X     Officer (give till below)       3800 HOWARD HUGHES PKWY     3. Date of Earliest Transaction (Month/Day/Year)     Sr. VI       (Street)     4. If Amendment, Date of Original Filed (Month/Day/Year)     6. Individual or Joint/Gr	1. Title of Security	rity (Instr. 3)		2. Transaction	action 2A. Deemed 3. 4. Securities Acquired (				5. Amount of	6. Ownership	7. Nature
INC [ CPSS ]       X       Officer (give till below)         (Last)       (First)       (Middle)         3800 HOWARD HUGHES PKWY       3. Date of Earliest Transaction (Month/Day/Year)       Sr. VI         (Street)       4. If Amendment, Date of Original Filed (Month/Day/Year)       6. Individual or Joint/Gruin         LAS VEGAS       NV       89169       Form filed by 0			Table I - Non-	-Derivative S	ecurities Acq	uired, Disp	osed of, or Benefi	cially	Owned		
INC [ CPSS ]       X       Officer (give till below)         (Last)       (First)       (Middle)         3800 HOWARD HUGHES PKWY       3. Date of Earliest Transaction (Month/Day/Year)       Sr. VI         (Street)       4. If Amendment, Date of Original Filed (Month/Day/Year)       6. Individual or Joint/Gr         LAS VEGAS       NV       89169       X	(City)	(State)	(Zip)							re than One Rep	orting
(Last)     (First)     (Middle)     INC [ CPSS ]     X     Officer (give till below)       3. Date of Earliest Transaction (Month/Day/Year)     Sr. V	. ,	5 NV	89169	4. lf An	nendment, Date of (	Original Filed	(Month/Day/Year)	Line)	Form filed by On	e Reporting Pers	son
INC     [CPSS]			( )			ction (Month/D	bay/Year)		,	e President	)
1. Name and Address of Reporting Person*       2. Issuer Name and Ticker or Trading Symbol       5. Relationship of Reporting CONSUMER PORTFOLIO SERVICES         Straton Lourio       CONSUMER PORTFOLIO SERVICES       5. Relationship of Reporting Person*	1. Name and Address of Reporting Person <sup>*</sup> Straten Laurie		CON	ISUMER PO			(Check	k all applicable) Director Officer (give title	10% (	Owner (specify	

1. Title of Security (Instr. 3)	Date	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V		Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)

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

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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 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				
Stock option (right to buy)	\$6.59	07/28/2014		A		60,000		(1)	07/28/2021	Common stock, no par value	60,000	(2)	60,000	D	

#### Explanation of Responses:

1. Becomes exercisable in four equal cumulative installments of 25%, on the first through fourth anniversaries of the date of grant.

2. Issued in consideration of the named person's service as an officer of the issuer.

#### /s/ Laurie A. Straten

\*\* Signature of Reporting Person

07/30/2014

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.