## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

TRUST

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See					IT OF CHANGES IN BENEFICIAL OWNERSHIP OMB Number: 3235-0 Estimated average burden hours per response:										
Instruction 1			Filed		ant to Section 16(a) ection 30(h) of the Ir					934			0.5		
Lavin Mic			2. Issuer Name and Ticker or Trading Symbol <u>CONSUMER PORTFOLIO SERVICES</u> , <u>INC.</u> [ CPSS ] tiddle) 5. Relationship of Reporting Pe (Check all applicable) Director X Officer (give title below)					10% title Othe	10% Owner						
(Last) (First) (Middle) 19500 JAMBOREE ROAD (Street) IRVINE CA 92612 (City) (State) (Zip)					te of Earliest Trans 8/2022	action (I	Month	/Day/Year)		Executive Vice President					
					Amendment, Date o	f Origina	al File	d (Month/Day	6. Indi Line) X	-,					
	Та	able I - No	n-Deriva	tive S	Securities Acq	uired	, Dis	posed of,	or Be	neficially	/ Owned				
1. Title of Security (Instr. 3)			2. Transactio Date (Month/Day/		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Followi Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	t of Indirec		
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)		
Common Sto	ock, No Par Value		03/08/2	022		s		7,475	D	\$11.62	297,525	I	MTRB LAVIN LIVING TRUST		
Common Sto	ock, No Par Value		03/09/2	022		s		57,525	D	\$11.56	240,000	I	MTRB LAVIN LIVING		

## 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 E Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y	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			Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

/s/ Michael T. Lavin

03/10/2022

\*\* 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.