FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

			6(a) of the Securities Exchange A he Investment Company Act of 19								
1. Name and Address of Reporting Person*  SECOND CURVE CAPITAL LLC  2. Date of Event Requiring Statement (Month/Day/Year) 08/01/2017			3. Issuer Name and Ticker or Trading Symbol  CONSUMER PORTFOLIO SERVICES INC [ CPSS ]								
(Last) (First) (Middle) 350 5TH AVENUE, SUITE 4730			Relationship of Reporting Perso Check all applicable)     Director     X	,		5. If Amendment, Date of Original Filed (Month/Day/Year)					
(Street)  NEW YORK NY 10118  (City) (State) (Zip)			Officer (give title below)			6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person					
Та	able I - Non-	Derivativ	ve Securities Beneficiall	y Owned		<u> </u>					
1. Title of Security (Instr. 4)		Amount of Securities eneficially Owned (Instr. 4)				. Nature of Indirect Beneficial Ownership nstr. 5)					
Common Stock, no par value		2,299,884				advisory clients of Second Curve oital, LLC <sup>(1)</sup>					
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 Securi Underlying Derivative Securit		4. Conversion or Exercise		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)				
1. Name and Address of Reporting Person*  SECOND CURVE CAPITAL LLC											
(Last) (First) (Middle) 350 5TH AVENUE, SUITE 4730											
(Street) NEW YORK NY 10118											

## (City) (State) (Zip) 1. Name and Address of Reporting Person\* **BROWN THOMAS K** (Last) (First) (Middle) C/O SECOND CURVE CAPITAL, LLC 350 5TH AVENUE, SUITE 4730 (Street) **NEW YORK** NY 10118 (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 III, LP, Second Cur

> Second Curve Capital LLC By: Thomas K. Brown, managing member /s/ Thomas K. Brown

08/01/2017

08/01/2017

/s/ Thomas K. Brown \*\* Signature of Reporting Person

Date

\* 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.