FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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>Lavin Michael T.</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES INC [CPSS] | | | | | | | | (Check all app Direc | | olicable) ctor er (give title | Other | Owner (specify |
|--|---|--|--|----------|--|--|--------|---|--|-----------------|--|---|------------------------|------------------------------------|--------------------------|---|---|--|
| (Last) 19500 JA | (Last) (First) (Middle) 19500 JAMBOREE ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2014 | | | | | | | | Sr. Vice President | | | | |
| Street) IRVINE CA 92612 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | ′ | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or E | Benefi | cially | Own | ed | | |
| Date | | | | Date | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ction Instr. | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | and 5) Securit Benefic Owned | | ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) c | Pric | e | | ted action(s) 3 and 4) | | (Instr. 4) |
| common stock, no par value 02/13/20 | | | | | 2014 | 14 | | S | | 50,000 | A | \$7. | \$7.474(1) | | 92,000 | I | See Note ⁽³⁾ | |
| common stock, no par value 02/13/2 | | | | | 2014 |)14 | | | S | | 12,000 | A | \$7.533 ⁽²⁾ | | 180,000 | | I | See Note ⁽³⁾ |
| | | Та | ıble II - | | | | | | | | osed of, convertib | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Dee Execution if any (Month/I | on Date, | 4. Transa Code (1 8) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Sec (Ins | vative ırity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | of Shares | | | | | |

Explanation of Responses:

- 1. This transaction was executed in multiple trades at prices ranging from \$7.50 to \$7.75. The price set forth above reflects the weighted-average price per share. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.
- 2. This transaction was executed in multiple trades at prices ranging from \$7.35 to \$7.75. The price set forth above reflects the weighted-average price per share. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.
- 3. Owned by MTRB Lavin Living Trust.

/s/ Michael T. Lavin

02/18/2014

** 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.