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	STATEMENT OF CH
obligations may continue. See Instruction 1(b).	Filed pursuant to Se

ANGES 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* POWELL CURTIS K						2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES INC [CPSS]											all app Dired Offic	olicable) ctor er (give title	Other	Owner (specify	
(Last) (First) (Middle) CONSUMBER PORTFOLIO SERVICES INC 19500 JAMBOREE ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/13/2014										21	belov	,	President President)	
(Street) IRVINE (City)	CA	A 9	92612 Zip)		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)											ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of S	Security (Inst		e I - Nor	1-Deriv		_	ecurii 2A. De			uired,	Dis	posed o						ed ount of	6. Ownership	7. Nature	
				Date (Month/Day/Year)		ar)	Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)					tr. 3, 4	and	Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount		(A) or (D)	Pric	e	Transa	action(s) 3 and 4)		, , ,	
common stock, no par value				02/13/2014					S		24,500		D	\$	\$7.5		02,750	Ι	See Note ⁽¹⁾		
common	stock, no pa	r value		02/13	3/2014	4				S		200		D	\$7	7.53	102,550		Ι	See Note ⁽¹⁾	
common stock, no par value				02/13/2014					S		200		D	\$7	\$7.54		02,350	I	See Note ⁽¹⁾		
common	stock, no pa	r value		02/13	3/2014	4				S		100		D	\$7	7.55	102,250 I See No				
common	on stock, no par value 02/13/20)14			S		4,473		D	\$7	'.61	97,777		I	See Note ⁽¹⁾		
		Та	ıble II - C									sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	Derivative decurity instr. 3) Date (Month/Day/Year) Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year)			4. Transa Code (8)	(Insti	of Derivative (Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date E Expiratio (Month/D Date Exercisa	on Date	Arr) See Un Dei See and		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbeo of Title Shares		Deri Sec (Ins	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

1. Owned by Powell Family Trust.

/s/ Curtis K. Powell

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.