FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

msuuc	uon ±(b).			File							mpany Act			4		<u> </u>				
1. Name and Address of Reporting Person* SECOND CURVE CAPITAL LLC					2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES INC [CPSS]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) 350 5TH	3. L						of Earlie	st Trans	action (N	/lonth/	Day/Year)		Offic belo	er (give title w)		Other below)	(specify			
(Street) NEW YO	DRK N	Y	10118		4. If	f Am	endment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	(S	•	(Zip)																	
			le I - No			_			1	, Dis	posed o									
			2. Transaction Date (Month/Day/Year)		ır)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				I 5) Secui Benet Owne	. Amount of Securities Beneficially Dwned Following Reported		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount (A) or (D)			Price	Trans	Transaction(s) (Instr. 3 and 4)			(11341.4)		
Common Stock, no par value				04/08/2016					S		10,000	00 D		\$4.18	2,5	56 2,534,388 ⁽¹⁾		I	By advisory clients of Second Curve Capital, LLC	
		Ta									sed of, onvertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	Date, Transacti			on of r. Deriv Secu Acqu (A) o Disp of (D	r osed) r. 3, 4	6. Date Exerci Expiration Dat (Month/Day/Ye		te Am Sear) Sec Und Der Sec		7. Title and Amount of Securities Juderlying Jerivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amo or Num of Title Shar							
		f Reporting Person* VE CAPITAL	LLC																	
(Last) 350 5TH	AVENUE	(First) , SUITE 4730	(Mid	ldle)																
(Street) NEW Y	ORK	NY	101	.18		_														

Explanation of Responses:

(State)

(First)

NY

(State)

C/O SECOND CURVE CAPITAL, LLC 350 5TH AVENUE, SUITE 4730

(Zip)

(Middle)

10118

(Zip)

(City)

(Last)

(Street)
NEW YORK

(City)

is the managing member of Second Curve Capital, LLC. Each such Reporting Person disclaims beneficial ownership of the reported securities except to the extent of his or its pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Second Curve Capital LLC By:
Thomas K. Brown, managing
member /s/ Thomas K. Brown
/s/ Thomas K. Brown
04/12/2016

Date

** Signature of Reporting Person

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.