FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     WOOD DANIEL S						2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES INC [ CPSS ]									applic Directo	able) r	ing Person(s) to Is		Owner		
(Last) 3800 HC	(F OWARD HU		3. Date of Earliest Transaction (Month/Day/Year) 04/15/2014									Officer (give title below)		Other ( below)		specify					
(Street)  LAS VEGAS NV 89169  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year) 6										dividual or Joint/Group Filing (Check Applicable )  Compared to the compared t					
(City)			(Zip) D <b>le I - N</b>	lon-Der	 ivativ	e Se	curit	ties Ac	quire	d, Di	isposed o	of, or Be	neficial	ly O	vned						
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Exe ) if ar	. Deemed ecution Date, iny onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			r 5. A and 5) Seci Ben Owr		. Amount of ecurities eneficially wned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Т	eported ransact nstr. 3 a	ion(s)			(Instr. 4)		
common	stock, no p	/2014	14			M		10,000	A	\$4	158		,144		D						
common	/2014	.4		F		5,162	D	\$7.75 <sup>(</sup>	152		2,982		D								
common stock, no par value 04/24/20						14		S		4,838	D	\$7.3799	.3799(2)		148,144		D				
			Table II								posed of, converti			<b>O</b> WI	ned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution Date, if any		4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an of Securit Underlyin Derivative (Instr. 3 an			9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares								
Stock option (rt	\$4	04/15/2014			M			10,000	10/26/2	2004	04/26/2014	Common, no par	10,000		[3)	0		D			

## Explanation of Responses:

- 1. Represents a net exercise of outstanding stock options. The reporting person received 4,838 shares of common stock on net exercise of an option to purchase 10,000 shares of common stock. The reporting person forfeited 5,162 shares of common stock underlying the option in payment of the exercise price, using the closing stock price on April 15, 2014 of \$7.75 per share.
- 2. This transaction was executed in multiple trades at prices ranging from \$7.371 to \$7.41. 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. Issued in consideration of the named person's service as a director of the issuer.

/s/ Daniel S. Wood

\*\* Signature of Reporting Person

Date

04/25/2014

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.