FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

$\overline{}$	Check this box if no longer subject to Section 16. Form 4 or Form 5
\cup	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

1. Name and Address of Reporting Person* Ryan Susan (Last) (First) (Middle) 3800 HOWARD HUGHES PRKWY						Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES, INC. [CPSS] Date of Earliest Transaction (Month/Day/Year) 05/15/2024										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Sr. Vice President						
SUITE 1400 (Street)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)			(Zip)		R	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		Tab	le I - Non	-Deriv	vativ	e Se	curit	ties Ac	qu	ıired, l	Disp	osed o	f, or Be	nef	icially	Owned						
1. Title of Security (Instr. 3) 2. Trans Date (Month/l					2A. Deem Execution if any (Month/D			Ĺ	Transaction Dis		Disposed	. Securities Acquired (A) o disposed Of (D) (Instr. 3, 4 a)			5. Amou Securitie Benefici Owned F	es Fo ally (D) following (I)		n: Direct r Indirect sstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code V		Amount	(A) (D)	r F	Price	Transact	ion(s)			(III3ti. 4)		
Common	Stock, no p	ar value		05/1	5/202	5/2024			М		15,00	00 A \$4.3		\$4.35	55,192		D					
Common	Stock, no p	oar value		05/1	5/202	5/2024				F ⁽¹⁾		7,919	D		\$8.24	47,273			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, To Security or Exercise (Month/Day/Year) if any C				4. Transa Code (8)		of		Ex	Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Da Ex	ate xercisabl		xpiration ate	Title	or Nu of	nount mber ares							
Stock Option (right to buy)	\$4.35	05/15/2024			M			15,000		(2)	0	5/17/2024	Common Stock, No Par Value	15	,000	(3)	0		D			

Explanation of Responses:

- 1. Represents a "net exercise" of outstanding stock options. The reporting person received 7,081 shares of common stock on net exercise of option to purchase 15,000 shares of common stock. The reporting person forfeited 7,919 shares of common stock underlying the option in payment of the exercise price, using the closing stock price on May 15, 2024 of \$8.24 per share.
- 2. Initial grant of 30,000 Became exercisable in four equal installments on May 17, 2018, 2019, 2020 and 2021.
- 3. Issued in consideration of the named person's services to the issuer.

/s/ Susan Ryan

05/17/2024

** 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.