## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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

OMB APPR	OVAL
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moude	uon 1(b).			1 110		on 30(h) of the						) <del>-</del>		,-		
1. Name and Address of Reporting Person* POOLE JOHN G					2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES INC [ CPSS ]							Relationsh heck all ap X Dire	plicable)	ng Person(s) to	Issuer	
(Last) 1 RYE R	(First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/31/2005						-	Offic belo	er (give title w)	Oth belo	er (specify w)		
(Street) PORT CHESTER NY 10573  (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(- 9)	(-			n-Deriv	/ative Se	curities Ac	auired	. Dis	posed o	of. o	or Bene	eficia	llv Own	ed		
1. Title of Security (Instr. 3) 2. Transa Date				saction Day/Year)	3. 4. Securities Acquired (A)			(A) or	) or 5. Amount of		6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount (A) or (D)		Price	Trans	action(s) 3 and 4)		(1130.4)	
Common stock, no par value 10/31					1/2005		S		500		D	\$6.3	33 6	70,193	D	
		Та				rities Acqu , warrants,							Owned			
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr 8)		6. Date Expirati (Month)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)  (Instr. 5)  8. Price of Derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)		Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)			

Date Exercisable

Expiration Date

**Explanation of Responses:** 

John G. Poole

Title

11/02/2005

Date

\*\* Signature of Reporting Person

Amount Number

of Shares

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).

Code

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.

(A) (D)