FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden
hours per response: 0.5

| | | | | | SECURITIES | | | | | Estimated average burden hours per response: 0.5 | | |
|--|---|------------------------|--|--|---|---|----------------------------------|--|---|--|---|--|
| | | | | | | he Securities Exchange A | | | _ | | | |
| CITIGROUP INC Requiring 9 (Month/Da) | | | | Date of Event equiring Statement lonth/Day/Year) | | 3. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES INC [CPSS] | | | | | | |
| (Last) (First) (Middle) 399 PARK AVENUE | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | er (| 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Reporting Person | | | |
| (Street) NEW YORK NY 10043 | | | | | Officer (give title below) | | Other (specify below) | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| | | | Table I - No | on-Deriv | ative Se | curities Beneficial | ly Owned | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | nt of Securities ally Owned (Instr. 4) | Form: Direc | Form: Direct (D) (Instr. or Indirect (I) | | ture of Indirect Beneficial Ownership : 5) | | |
| | | (е | .g., puts, c | alls, war | rants, o | rities Beneficially ptions, convertible | | s) | | | | |
| 1. Title of Derivative Security (Instr. 4) | | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securitie Underlying Derivative Security | | | 4. Conversi or Exerci Price of | ise Forn | 5. Ownership Form: Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | | Date Exercisable | Expiration Date | n Title | | Amount or Number of Shares | Derivativ Security | e or In | ct (D) idirect nstr. 5) | | |
| Warrants | | | 07/10/2008 | 07/10/2018 | 3 (| Common Stock | 2,000,000 | 0(1) | | I | By Subsidiary ⁽²⁾ | |
| 1. Name and Add | • | ng Person [*] | | | | | | | | | | |
| (Last) 399 PARK AV | Last) (First) (Middle) 399 PARK AVENUE | | | | | | | | | | | |
| (Street) NEW YORK NY 10043 | | | 3 | - | | | | | | | | |
| (City) | (State) | (Zip) | | _ | | | | | | | | |
| 1. Name and Address of Reporting Person* <u>CITIGROUP GLOBAL MARKETS</u> <u>HOLDINGS INC</u> | | | | | | | | | | | | |

(City)

Explanation of Responses:

(Last)

(Street)
NEW YORK

(City)

(Last)

(Street)
NEW YORK

(First)

NY

(State)

(First)

NY

(State)

<u>CITIGROUP FINANCIAL PRODUCTS INC</u>

1. Name and Address of Reporting Person*

388 GREENWICH STREET

388 GREENWICH STREET

(Middle)

10013

(Zip)

(Middle)

10013

(Zip)

2. The Warrants reported herein are beneficially owned by Citigroup Financial Products Inc. ("CFP"). Citigroup Global Markets Holdings Inc. ("CGM Holdings") is the sole stockholder of CFP. Citigroup Inc. ("Citigroup") is the sole stockholder of CGM Holdings. CGM Holdings and Citigroup disclaim beneficial ownership of the securities reported herein except to the extent of their pecuniary interests therein.

Remarks:

Although the Reporting Persons previously filed a Form 4 on March 11, 2010, indicating they were no longer the beneficial owners of more than 10% of the Issuer's securities ("10% Owners"), solely as a result of a decrease in the total amount of outstanding common stock of the Issuer, the Reporting Persons are presently 10% Owners.

<u>Citigroup Inc., By: /s/ Douglas</u> <u>Turnbull, Assistant Secretary</u> <u>05/25/2010</u>

Citigroup Global Markets

Holdings Inc., By: /s/ Douglas 05/25/2010

<u>Turnbull</u>, <u>Assistant Secretary</u>

Citigroup Financial Products

Inc., By: /s/ Douglas Turnbull, 05/25/2010

Assistant Secretary

** 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 5 (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.