FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | L OWNERSHIP |
|------------------|-------------------|---------------|-------------|

| 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Baumeister Michele L (Last) (First) (Middle) 19500 JAMBOREE RD. | | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES, INC. [CPSS] 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024 | | | | | | | | (Che | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) Sr. Vice President | | | | | |
|---|---|--|---|-------|---|--------|---|-----------|------------|---|-------|--|---|--------------------|------------|--|---|-------------------------------------|--|--|--|
| (Street) IRVINE | C | A | 92612 | | - 4.1 | If Ame | endme | ent, Date | of Oi | riginal F | iled | (Month/Da | ıy/Year) | | 6. In Line | Form f | led by One | e Repo | (Check Ap orting Person One Repon | n | |
| (City) | (S | | 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. | | | | | | | | | | | | | | | | | | |
| | | | le I - Non | | | | | | ÷ | - | Disp | | - | | | _ | | | | | |
| Dai | | | | Date | ransaction e nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | , | Code (Instr. | | | | (A) or 3, 4 and | | es For ally (D) Following (I) (| | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (1115tr. 4) | | | | | |
| Common | Stock, no p | ar value | | 05/1 | 5/202 | /2024 | | 1 | M | | 60,00 | 00 A \$4. | | \$4.35 | 81,527 | | | D | | | |
| Common Stock, no par value 05/15 | | | | | 5/202 | /2024 | | | | F ⁽¹⁾ | | 34,184 D | | \$8.24 | 24 47,343 | | | D | | | |
| | | ٦ | Fable II - I | | | | | | | | | sed of, onvertil | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | Date, | 4. Transaction Code (Instr. 3) | | ı of | | Exp | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4) | | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | xpiration ate | Title | OI N | umber | | | | | | |
| Stock Option (right to buy) | \$4.35 | 05/15/2024 | | | M | | | 60,000 | | (2) | 0 | 5/17/2024 | Common Stock, No Par Value | | 0,000 | (3) | 0 | | D | | |

Explanation of Responses:

- 1. Represents a "net exercise" of outstanding stock options. The reporting person received 25,816 shares of common stock on net exercise of option to purchase 60,000 shares of common stock. The reporting person forfeited 34,184 shares of common stock underlying the option in payment of the exercise price and tax liability, using the closing stock price on May 15, 2024 of \$8.24 per share.
- 2. 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.

05/17/2024 /s/ Michele Baumeister

** 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.