FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

OMB APPROVAL

OMB Number: 3235-028'
Estimated average burden

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* FREDRIKSON E BRUCE | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) 16355 LAGUNA CANYON ROAD | | | | | | INC [CPSS] 3. Date of Earliest Transaction (Month/Day/Year) 01/30/2008 | | | | | | | | (give title | | (specify | |
| (Street) IRVINE CA 92618 | | | 92618 | | 4.1 | 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 | | | | |
| (City) | (Si | ate) | (Zip) | | | | | | | | | | Persor | 1 | | | |
| | | Tab | le I - No | n-Deriv | vative | e Se | curities | Ac | quired, D | isposed (| of, or Be | neficial | ly Owned | I | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | | | action 2A. Deem Execution Day/Year) if any (Month/Da | | | 3. Transaction Code (Ins | on Dispose | | | Beneficia Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code V | Amount | (A) o (D) | Price | Reported Transact (Instr. 3 a | tion(s) | | (Instr. 4) | |
| | | 7 | | | | | | | uired, Dis , options, | | | | 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 Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | ı of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (right to | \$3.18 | 01/30/2008 | | | A | | 10,000 | | 07/30/2008 | 01/30/2018 | common stock | 10,000 | (1) | 10,000 | D | | |

Explanation of Responses:

1. Issued in consideration of named person's service as Director of the Issuer.

E. Bruce Fredrikson

02/01/2008

** 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.