FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

OMB APP	ROVAL								
OMB Number:	3235-0287								
Estimated average burden									
hours nor roomana	. 0.5								

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-
1(c). See Instruction 10.

Instruction 1(b).

1. Name and Address of Reporting Person* ROBERTS WILLIAM B				2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES, INC. [CPSS]									all app	ionship of Reportin all applicable) Director Officer (give title		rson(s) to Is 10% Ov Other (s	wner		
(Last) (First) (Middle) 3800 HOWARD HUGHES PARKWAY, SUITE 1400					3. Date of Earliest Transaction (Month/Day/Year) 11/21/2024										belov	v) ``		below)	
(Street) LAS VEGAS NV 89169				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St		Zip)		<u> </u>														
Date		2. Transaction	ar) i	2A. Deemed Execution Date,		3. Tra	3. Transaction Code (Instr. Disposed Of (D		Acquire	d (A) or	5. Amount of Securities Beneficially Owned Follow		ount of ities icially d Following	Forn (D) o Indir	rdirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Co	Code V		Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			action(s)	(Instr. 4)	
Common	Stock, no p	par value		11/21/202	4			!	S		5,000	D	\$10.3	147	76	55,078		D	
Common	Stock, no 1	par value		11/22/202	4			!	S		10,000	D	\$10.46	508(1)	755,078			D	
Common Stock, no par value 11/25/2024					4		!	S		10,000	D	\$10.6	44(2)	745,078			D		
		Tal	ble I	I - Derivati (e.g., pu							sposed of , convert)wne	d			
Derivative Conversion Date Security Or Exercise (Month/Day/Year)		Exe if an	Deemed cution Date, ry nth/Day/Year)	Transaction Of Code (Instr. 8) See Ac. (A) Dis		5. Num of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5)	ive ies ed	ed Expiration (Month/D			Amo Secu Unde Deriv	le and unt of rities rlying rative rity (Insti	Der Sec (Ins	rice of vative urity tr. 5)	tive derivative ty Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership Form:	Beneficia Ownersh t (Instr. 4)	
				ſ									Amoun	t]					

Explanation of Responses:

1. The sales price is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$10.32 to \$10.57, inclusive. The reporting person undertakes to provide upon request by the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, full information regarding the number of shares sold at each separate price within the range

(D)

Date

Exercisable

Expiration

Date

2. The sales price is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$10.55 to \$10.96, inclusive. The reporting person undertakes to provide upon request by the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, full information regarding the number of shares sold at each separate price within the range

/s/ William B. Roberts

Numbe

Shares

Title

11/25/2024

** 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).

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.