FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

-			_	-					-	_	-	 	-	_	_	_	_	٠
٧	las	shir	nata	n.	D	C.	20	54	9									

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

OMB Number:	3235-0287
Estimated average bu	rden
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).

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.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Harton John Patrick					CO	2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES, INC. [CPSS]													to Issuer % Owner her (specify		
(Last) (First) (Middle) 19500 JAMBOREE ROAD					3. Date of Earliest Transaction (Month/Day/Year) 09/06/2024										Officer (give title Other (specify below) Sr. Vice President						
(Street) IRVINE CA 92612 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Table	I - Nor	n-Deriva	tive \$	Secu	rities	s Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution					Disposed (Securities Acquired (A sposed Of (D) (Instr. 3,			5. Amo Securit Benefic Owned	ties cially I Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		Price	Transa	ction(s) 3 and 4)			(111311. 4)		
Common	Stock, No	Par Value		09/06/	2024			S		10,000	I)	\$9	265,604		D					
				(e.g., pu	its, ca		warr	ants,	option	ıs, c	osed of, onvertib	le se	curi	ties)							
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Executive or Exercise (Month/Day/Year) if any		med 4. Transaction Code (Instr. 8)			of Deri Secu Acq (A) o Disp of (D	oosed D) tr. 3, 4	6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of erivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Ov Fo Dir or (I)	wnership orm: rect (D) Indirect (Instr. 4)	11. Natur of Indired Beneficia Ownersh (Instr. 4)			
					Code V		(A)	(D)			Expiration Date	Amou or Numb of Title Share		ber							

Explanation of Responses:

/s/ John P. Harton

09/09/2024

** 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).

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.