

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

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* <u>CITIGROUP INC</u> (Last) (First) (Middle) 399 PARK AVENUE 3RD FLOOR (Street) NEW YORK NY 10043 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 10/02/2008	3. Issuer Name and Ticker or Trading Symbol <u>CONSUMER PORTFOLIO SERVICES INC [CPSS]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) See footnote 1 below	5. If Amendment, Date of Original Filed (Month/Day/Year) 07/10/2008
		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares	9,335 ⁽¹⁾	I	By Subsidiary ⁽¹⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date					
Warrant	07/10/2008	07/10/2018	Common Shares	2,500,000 ⁽²⁾	0 ⁽³⁾	I	By Subsidiary ⁽²⁾

1. Name and Address of Reporting Person* <u>CITIGROUP INC</u> (Last) (First) (Middle) 399 PARK AVENUE 3RD FLOOR (Street) NEW YORK NY 10043 (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>CITIGROUP GLOBAL MARKETS HOLDINGS INC</u> (Last) (First) (Middle) 388 GREENWICH STREET (Street) NEW YORK NY 10013 (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>CITIGROUP FINANCIAL PRODUCTS INC</u> (Last) (First) (Middle) 388 GREENWICH STREET (Street) NEW YORK NY 10013 (City) (State) (Zip)		
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(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
CITIGROUP GLOBAL MARKETS INC		
(Last)	(First)	(Middle)
388 GREENWICH STREET		
(Street)		
NEW YORK	NY	10013
(City)	(State)	(Zip)

Explanation of Responses:

1. The Common Shares ("Common") reported in Table I represents 9,335 Common beneficially owned by Citigroup Financial Products Inc. ("CFP"). Citigroup Global Markets Holdings Inc. ("CGMHI") is the sole stockholder of CFP. Citigroup Inc. ("Citigroup") is the sole stockholder of CGMHI.
2. The Warrant shares ("Warrants") reported in Table II represent 2,500,000 Warrants beneficially owned by CFP. CGMHI is the sole stockholder of CFP. Citigroup is the sole stockholder of CGMHI.
3. The actual exercise price of the Warrants is 0.00001 per share.

Remarks:

This amendment is being filed solely to indicate the securities reported in Table I are directly beneficially owned by Citigroup Financial Products Inc., not by Citigroup Global Markets Inc. This change occurred on October 2, 2008.

[Citigroup Inc., By: /s/ Riqueza V. Feaster, Assistant Secretary](#) [10/10/2008](#)

[Citigroup Global Markets Holdings Inc., By: /s/ Riqueza V. Feaster, Assistant Secretary](#) [10/10/2008](#)

[Citigroup Financial Products Inc., By: /s/ Riqueza V. Feaster, Assistant Secretary](#) [10/10/2008](#)

** 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 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.