FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-02								
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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* WOOD DANIEL S				2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES, INC. [ CPSS ]									ck all applic	ationship of Reportin k all applicable) Director Officer (give title		n(s) to Issu 10% Ow Other (s	vner		
(Last) 3800 HC	`	irst) JGHES PARKW	(Middle) /AY, SUIT	E 1400	3. Date of Earliest Transaction (Month/Day/Year) 05/09/2022										below)		below)		poony
(Street)	GAS N	V	89169		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc					1
(City)	(S	tate)	(Zip)																
1. Title of Security (Instr. 3)  2. Transa Date				action		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (	3. Transaction Code (Instr.					5. Amou Securitie Beneficia	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)		Price	Transact (Instr. 3	tion(s)		l`		
Common Stock, no par value			01/23	01/23/2023				M		50,00	0	A	<b>\$</b> 6.86	217	217,017		)		
Common	Common Stock, no par value		01/23	01/23/2023				<b>F</b> <sup>(1)</sup>		34,78	7 1	)	\$9.86	182	182,230		)		
Common Stock, no par value			01/23	01/23/2023				M		10,00	0	١ ا	\$4.36	192,230		Ι	)		
Common Stock, no par value 01/2			01/23	23/2023				F <sup>(2)</sup>		4,422	2 1		<b>\$9.86</b>	187	7,808	Г	)		
			Table II -						,		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 E if any (Month/Day	d 4 Date, T	ransa	ction	5. Number 6. of E		6. Date Ex	. Date Exercisa expiration Date Month/Day/Year		7. Title and Am of Securities Underlying Derivative Seci (Instr. 3 and 4)		nount urity	B. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e O s Fe lly D o (!)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	ode	v	(A)		Date Exercisab		xpiration ate	Title	or Nui of	ount mber ares					
Stock Option (right to	\$6.86	01/23/2023			M		50,000		08/01/201	3 0	2/01/2023	Commo Stock, No Par	150	,000	(3)	0		D	

## **Explanation of Responses:**

\$4.36

buy) Stock

Option (right to

buy)

1. Represents a "net exercise" of outstanding stock options. The reporting person received 15,213 shares of common stock on net exercise of option to purchase 50,000 shares of common stock. The reporting person forfeited 34,787 shares of common stock underlying the option in payment of the exercise prices using the closing stock price on January, 23 2023 of \$9.86 per share.

08/18/2016

10,000

- 2. Represents a "net exercise" of outstanding stock options. The reporting person received 5,578 shares of common stock on net exercise of option to purchase 10,000 shares of common stock. The reporting person forfeited 4,422 shares of common stock underlying the option in payment of the exercise prices using the closing stock price on January, 23 2023 of \$9.86 per share.
- 3. Issued in consideration of the named person's services to the issuer.

01/23/2023

/s/ Daniel S. Wood

Value

Commo

Stock

No Par

Value

10,000

(3)

01/25/2023

0

D

\*\* Signature of Reporting Person

02/18/2023

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).

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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.