FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Was

| · · — · · | | _ |
|-----------|------------|---|
| shinaton. | D.C. 20549 | |

OMB APPROVAL 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden

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(h) |

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 | | | | | CO | 2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES, INC. [CPSS] | | | | | | | | | all app | onship of Reportin all applicable) Director Officer (give title | | 10% Ov | wner |
|---|--|--|--|--|--|---|--|---|------------------------|---|------------|---|--|---|---|--|--|---|------------|
| (Last) 3800 HC | (Last) (First) (Middle) 3800 HOWARD HUGHES PARKWAY, SUITE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024 | | | | | | | | | below | | | Other (s below) | specify |
| 1400 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) | | | | | | |
| (Street) LAS VE | rreet) AS VEGAS NV 89169 | | | | | | | | | | | | V | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (City) (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | Execution (ear) | | emed ion Date, /Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of | | | | | ind 5) Secur Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction (Instr. 3 and | | | | (Instr. 4) |
| Common Stock, no par value 06/03/2 | | | | 06/03/20 |)24 | | | | S | | 5,550 | D | \$8.289 | 2893(1) | | 199,910 | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date | | | Amount of Securities S | | Der Sec | 8. Price of Derivative Security (Instr. 5) Owr Foll Rep Trar (Instr. 5) | | y [0 | 10. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. The price shown is the weighted average sale price for all transactions by the reporting person on June 03, 2024. All such sales were within a range of less than one dollar per share, \$8.15 to \$8.40. The reporting person undertakes to provide upon request by the Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

/s/ Daniel S. Wood

06/04/2024

** 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.