FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

OMB APPROVAL OMB Number: 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(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* POWELL CURTIS K | | | | <u>C</u> (| 2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES INC [CPSS] | | | | | | | | | | | | able) | g Pers | 10% Ow Other (s | /ner | |
|--|---|-------------------|---|-----------------------|--|---|--|-----------------------------------|------------|--|--------|------------------|--|--|---------------------------------------|--|---|--|---|--|--|
| (Last) 3800 HC | , | First) UGHES PKWY | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/13/2016 | | | | | | | | | | 71 | below) | below) below) Sr. Vice President | | | |
| (Street) | | | 89169 | | 4.1 | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | ine) | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (: | - | (Zip) | Doriv | ,otiv. | | ourit | ioo Ao | | irad I |)ion | | of or | Pon | ofici | برال | Oumod | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | saction | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | d (A) o |) or 4 and 5. Amour Securitie Beneficia Owned F | | s Illy ollowing | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | e:e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock, no par value 10/ | | | | 10/13 | 3/201 | 2016 | | | M | | 30,000 | | A | \$1 | 1.5 | 30, | 000 | | D | | |
| Common Stock, no par value | | | 10/13 | 3/201 | 3/2016 | | | | G | | 30,00 | 0 | D | \$ | S <mark>O</mark> | | 0 | | D | | |
| Common Stock, no par value 10/ | | | 10/13 | 3/2016 | | | | | G | | 30,000 | | A | \$ | 80 | 242,080 | | | I | By Powell Family Trust | |
| 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) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Da if any (Month/Day/ | ate, Transa Code (| | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exp | Date Exe piration onth/Day | Date | ble and | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | es Securit | [| 3. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisabl | | kpiration ate | Title | | Amour or Number of Shares | er | | | | | |
| Stock Option (right to buy) | \$1.5 | 10/13/2016 | | | М | | | 30,000 | | (1) | 10 | 0/25/2016 | Com stock par v | , no | 30,00 | 00 | (2) | 0 | | D | |

Explanation of Responses:

- 1. Became exercisable as to 18,000 shares on June 10, 2010, and as to additional cumulative increments of 6,000 shares on October 25 of 2010 and 2011.
- 2. Issued in consideration of the named person's services to the issuer.

/s/ Curtis K. Powell

10/17/2016

** 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.