FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF Estimated av

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

SECURITIES

1. Name and Address of Reporting Person* GROUNDS WILLIAM WARWICK			2. Date of E Requiring S (Month/Day 12/01/202	statement /Year)	atement (CONSUMER PORTFOLIO SERVICES, INC. [CPSS]						
(Last)	(First)	(Middle) HES PRKWY 89109 (Zip)	-		Issuer	ationship of Reporting all applicable) Director Officer (give title below)	10% C) wner (specify	File 6. I	ndividual or Joneck Applicable Form filed Person	oint/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						Amount of Securities neficially Owned (Instr. 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Direct ndirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, No Par Value						3,100	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)		curity Convers		cise Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Security		Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Remarks:

Elected to board on December 1, 2021.

/s/ William W. Grounds 04/29/2022

** 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.