FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DC	20549
vasilliquon,	D.C.	20343

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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

Name and Address of Reporting Person* Lavin Michael T.						2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES, INC. [CPSS]										of Reportin cable) or (give title	g Person(s) to Is 10% O Other (s)		wner	
(Last) 19500 J	(F AMBOREE	irst)	(Middle)		05/0	9/20)23		action (Mo			, <u>)</u>	below)	Pres	below)					
(Street) IRVINE					4. If A	Line) X F											dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(S	tate)	(Zip)			this bo	x to indic	Transaction Indication cate that a transaction was made pursuant to a contract, instruction or written plan that is intended to defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tab	le I - No	n-Deriv	ative S	Seci	uritie	s Acc	quired,	Disp	osed c	of, or E	Benef	iciall	y Owned	i				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			3, 4 and Securi Benefi Owned		es ally Following	Form	: Direct Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code V		Amount (A) or (D)		rice	Transac	Reported Transaction(s) (Instr. 3 and 4)			(111501.4)		
Common	Common Stock, no par value				09/2023				M		45,00	00	A :	\$3.48	45	45,000		D		
Common Stock, no par value				05/09/2023					F ⁽¹⁾		25,94	14]	D :	\$10.8	19	,056		D		
Common	Stock, no j	par value		05/09/	/2023				M		45,00	00	A :	\$3.48	64	4,056 D				
Common	Stock, no j	par value		05/09/	/2023				G		64,05	56	D :	\$0.00)	0	D			
Common	Stock, no j	oar value		05/09/	/2023				G		64,05	56	A :	\$0.00	319),545	I MTRB LAVIN LIVING TRUST			
		7	Table II -						ired, D , option	•				-	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date, Transaction		on of		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative So (Instr. 3 and		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	OV Silly Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A) (I		Date Exercisabl		xpiration ate	Title	or	ount nber res						
Stock Option (right to	\$3.48	05/09/2023			M		9	0,000	(2)	0.5	5/12/2023	Commo Stock, No Par	lan	000	(3)	0		D		

Explanation of Responses:

- 1. Represents a "net exercise" of outstanding stock options. The reporting person received 19,056 shares of common stock on net exercise of option to purchase 45,000 shares of common stock. The reporting person forfeited 25,944 shares of common stock underlying the option in payment of the exercise price and tax liability, using the closing stock price on May 9, 2023 of \$10.80 per share.
- $2. \ Became \ exercisable \ in \ cumulative \ increments \ of \ 22,500 \ shares \ on \ May \ 12, \ 2017, \ 2018, \ 2019, \ and \ 2020.$
- 3. Issued in consideration of the named person's services to the issuer.

/s/ Michael T. Lavin 05/10/2023

Date

** Signature of Reporting Person

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.