## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	Mach	ington D.C.	20540		

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  Crisp April				2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES, INC. [ CPSS ]									eck all appli Directo Officer	or (give title		10% Ow Other (s	vner		
(Last) (First) (Middle) 19500 JAMBOREE RD.			3. Date of Earliest Transaction (Month/Day/Year) 09/10/2024									below) below) Sr. Vice President							
(Street) IRVINE CA 92612 (City) (State) (Zip)					4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person  Person					
		Tab	le I - Non-	-Deriva	ative Se	ecuriti	ies Ac	quired,	Dis	posed o	of, o	r Ben	eficial	ly Owned	i				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Securition Benefici Owned I	5. Amount of Securities Beneficially Owned Following Reported		n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount		(A) or (D)	Price	Transac (Instr. 3	tion(s)			msu. 4)	
Common Stock, no par value			09/10	/2024			M <sup>(1)</sup>		5,00	0	A	\$2.4	7 22	,212		D			
Common Stock, no par value				09/10	/2024		S <sup>(1)</sup>		2,500		D	\$9.8	8 19,712		D				
Common Stock, no par value			09/10	/2024		S <sup>(1)</sup>		2,500 D		\$9.5	5 17,212		D						
			able II - D					uired, C , optior						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 Date, if any (Month/Day/Year)		ransaction Code (Instr	n of r. Deri Sec Acq (A) o Disp of (I	of Ex		6. Date Exercisal Expiration Date Month/Day/Year		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Date	E	xpiration		ľ	Amount or Number of						

Exercisable Date

(2)

## **Explanation of Responses:**

\$2.47

Stock

Option

(right to buy)

- 1. Represents an exercise of a stock option with a subsequent sale of the underlying shares of common stock.
- 2. Represents original grant of stock options on June 1, 2020, which are fully vested and exercisable.
- 3. Issued in consideration of the named person's services to the issuer.

09/10/2024

/s/ April Crisp \*\* Signature of Reporting Person

Shares

5,000

(3)

Title

06/01/2027

Commor

Stock

No Par Value

09/12/2024 Date

17,500

D

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).

Code V

M

(A) (D)

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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.