

Lavin Michael T.  
Form 3  
May 18, 2009

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Lavin Michael T.		(Month/Day/Year)	CONSUMER PORTFOLIO SERVICES INC [cpss]	
(Last)	(First)	(Middle)	05/06/2009	
19500 JAMBOREE ROAD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
IRVINE,Â CAÂ 92612			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Sr. Vice President	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

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Option Type	Grant Date	Expiration Date	Common stock no	par value	Exercise Price	Category	Notes
Stock Option (right to buy)	12/03/2002 <sup>(1)</sup>	12/03/2011	40,000		\$ 1.95	D	Â
Stock option (right to buy)	07/23/2003 <sup>(1)</sup>	07/23/2012	12,000		\$ 1.5	D	Â
Stock option (right to buy)	07/17/2004 <sup>(1)</sup>	07/17/2013	10,000		\$ 2.64	D	Â
Stock option (right to buy)	04/26/2005 <sup>(1)</sup>	04/26/2014	10,000		\$ 4	D	Â
Stock option (right to buy)	05/16/2006 <sup>(1)</sup>	05/16/2015	10,000		\$ 5.04	D	Â
Stock option (right to buy)	12/30/2006 <sup>(1)</sup>	12/30/2015	10,000		\$ 6	D	Â
Stock option (right to buy)	10/25/2007 <sup>(1)</sup>	10/25/2016	20,000		\$ 6.85	D	Â
Stock option (right to buy)	02/27/2008 <sup>(1)</sup>	02/27/2017	5,000		\$ 6.91	D	Â
Stock option (right to buy)	07/30/2008 <sup>(1)</sup>	07/30/2017	10,000		\$ 5.25	D	Â
Stock option (right to buy)	01/30/2009 <sup>(1)</sup>	01/30/2018	10,000		\$ 3.18	D	Â
Stock option (right to buy)	05/13/2010 <sup>(1)</sup>	05/13/2019	30,000		\$ 0.77	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Lavin Michael T. 19500 JAMBOREE ROAD IRVINE, CA 92612	Â	Â	Â Sr. Vice President	Â

## Signatures

/s/Michael T.  
Lavin

05/18/2009

\_\_Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* 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).
- (1) Becomes or became exercisable in five equal installments on the date shown and each of the first through fourth anniversaries of the date shown.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.