## BROWN THOMAS K Form 3 December 19, 2017 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

### 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 <sup>*</sup>			2. Date of Event Requiring Statement (Month/Day/Year) 12/18/2017	3. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES INC [CPSS]				
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
350 5TH AVENUE, SUITE 4730,Â			(Check all applicable)					
NEW YORI	<sup>(Street)</sup> NEW YORK, NY 10118			Director     X 10% Owner       Officer     Other       (give title below)     (specify below)			6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One	
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Be	Reporting Person neficially Owned	
1.Title of Secu (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)	f Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ture of Indirect Beneficial rship	
Common Stock, no par value			2,176,884				dvisory clients of Second re Capital, LLC (1)	
Reminder: Rep owned directly	-		ch class of securities benefic	ially S	EC 1473 (7-02	2)		
	infor	mation conta	pond to the collection of ained in this form are not and unless the form displ	t				

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

currently valid OMB control number.

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

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

### Edgar Filing: BROWN THOMAS K - Form 3

			(Instr. 4)		Price of	Derivative
Dat Exe	te ercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
SECOND CURVE CAPITAL LLC 350 5TH AVENUE, SUITE 4730 NEW YORK, NY 10118	Â	ÂX	Â	Â			
BROWN THOMAS K C/O SECOND CURVE CAPITAL, LLC 350 5TH AVENUE, SUITE 4730 NEW YORK, NY 10118	Â	ÂX	Â	Â			
Signatures							
Second Curve Capital LLC, By: /s/ Thomas K. Brown, 1 Managing Member	2/19/201	7					
**Signature of Reporting Person		Date					
/s/ Thomas K. Brown	2/19/2017	7					
<b>**</b> Signature of Reporting Person		Date					
Explanation of Deenen	0001						

# **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).

These securities may be deemed to be beneficially owned by Second Curve Capital, LLC and Thomas K. Brown. Second Curve Capital, LLC is the investment manager of Second Curve Partners, LP, Second Curve Partners II, LP, Second Curve Partners International, Ltd., Second Curve Opportunity Fund, LP, Second Curve Vision Fund, LP, Second Curve Vision Fund International, Ltd. Thomas K. Brown is

(1) the managing member of Second Curve Capital, LLC. Each such Reporting Person disclaims beneficial ownership of the reported securities except to the extent of his or its pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

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.