

CONSUMER PORTFOLIO SERVICES INC  
 Form 4/A  
 April 03, 2006

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2005  
 Estimated average burden 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).

**STATEMENT OF CHANGES IN 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 \*  
 MCCONNAUGHY JOHN E JR

2. Issuer Name and Ticker or Trading Symbol  
 CONSUMER PORTFOLIO SERVICES INC [cpss]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)  
 01/11/2006

Director  10% Owner  
 Officer (give title below)  Other (specify below)

C/O ATLANTIC CAPITAL PARTNERS LLC, 3 PARKLAND DRIVE

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)  
 01/13/2006

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

DARIEN, CT 06820

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

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) or Disposed of (D) (Instr. 3, 4 and 5)	(A) or (D)	5. Amount or Price	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
common stock, no par value	01/11/2006		X	10,000	A	\$ 1.69	200,339	D
common stock, no par value	01/11/2006		X	10,000	A	\$ 4	210,337	D
common stock, no par value	01/11/2006		X	10,000	A	\$ 5.04	220,337	D

common stock, no par value 01/11/2006 F 17,600 D \$ 5.75 202,677 D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

**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.**

SEC 1474 (9-02)

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

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)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Amount or Number of Shares
stock option, right to buy	\$ 4	01/11/2006		X	10,000	04/26/2005 04/26/2014	common stock	10,000
stock option, right to buy	\$ 5.04	01/11/2006		X	10,000	10/20/2005 04/20/2005	common stock	0
stock option, right to buy	\$ 1.69	01/11/2006		X	10,000	04/22/2004 04/22/2013	common stock	10,000

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MCCONNAUGHY JOHN E JR C/O ATLANTIC CAPITAL PARTNERS LLC 3 PARKLAND DRIVE DARIEN, CT 06820	X			

## Signatures

John E. McConnaughy, Jr.	04/03/2006
<small>**Signature of Reporting Person</small>	<small>Date</small>

## Explanation of Responses:

- \* 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).
- (1) Issued in consideration of the named person's service as director of the Issuer.
  - (2) Issued in consideration of the named person's service as director of the Issuer.
  - (3) Issued in consideration of the named person's service as director of the Issuer.

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.