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FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
rvasiliigtoii,	D.C.	20040	

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

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response	: 0.5							

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*  Quinn Sean Edward				2. Issuer Name <b>and</b> Ticker or Trading Symbol CREDIT ACCEPTANCE CORP [ CACC ]								ck all app	ationship of Reportin ( all applicable) Director		son(s) to Is 10% Ov				
(Last)	(Fi	rst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/27/2023									Office below	er (give title v)		Other (s below)	specify	
25505 WEST TWELVE MILE RD				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)												)	X Form filed by One Reporting Person						
SOUTH	FIELD M	I 4	8034											Form filed by More than One Reporting Person					
(City)	(S	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication														
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to								
		Table	I - Non-	-Deriva	ative S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Ben	eficial	ly Own	ed			
Date				2. Transad Date (Month/Da	eay/Year) if an		Deemed ecution Date, ny onth/Day/Year)		3. 4. Securiti Disposed Code (Instr. 8)		es Acquired (A) Of (D) (Instr. 3, 4		(A) or . 3, 4 and	Benefic	ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount (A		) or )	Price	Transa	action(s) 3 and 4)			(1115ti. 4)
Common	Stock			10/27/	2023		A		334	1	A \$0		334(1)			D			
	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	Exercise (Month/Day/Year) if any Code (Month/Day/Year) 8)		Transa Code (	saction le (Instr. 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 Securities Underlying Derivative Security (Inst 3 and 4)		f S	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code V (A) (D) Date Exercisa		able	Expiration Date	Title	or	ount mber ares								

## **Explanation of Responses:**

1. Consists of 334 unvested restricted stock units that were granted under the Company's Incentive Compensation Plan. Each restricted stock unit represents and has a value equal to one share of common stock of Credit Acceptance Corporation. Shares will vest and be distributed in three equal annual installments beginning on October 27, 2024, which is the first anniversary of the date on which the restricted stock units were granted.

## Remarks:

/s/ Sean E. Quinn

10/31/2023

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.