FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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. Date of E Requiring S (Month/Day 10/27/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol CREDIT ACCEPTANCE CORP [CACC]				
25505 WEST (Street) SOUTHFIEL:	TWELVE M D MI	Middle) ILE RD 48034 Zip)	10/2//202		4. Relationship of Reporting Issuer (Check all applicable) X Director Officer (give title below)	10% C	wner 6 ((specify	. Individual or Jo Check Applicable X Form filed Person	pint/Group Filing e Line) by One Reporting by More than One
		Tal	ole I - Non	-Derivati	ve Securities Benefic	cially O	wned		
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
					4)	(D) or Ir	ndirect		,
				erivative		(D) or II (I) (Insti	ndirect (. 5)		,
1. Title of Deriva	ative Security (I	(e.g.,		erivative s, warrar	Securities Beneficia	(D) or Ir (I) (Instri ally Own ible sec	ndirect (. 5)	5.	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

Remarks:

No securities were beneficially owned by Mr. Quinn immediately prior to his election to the Credit Acceptance board of directors.

No securities are beneficially owned.

<u>/s/ Sean E. Quinn</u> <u>10/31/2023</u>

** Signature of Reporting

Date

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 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).

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

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.