FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or s	Section	30(h)	of the I	nvestme	nt Cor	mpany Act o	of 1940							
1. Name and Address of Reporting Person* Medeiros David Jeffrey						2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QCOR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				
(Last) (First) (Middle) 3260 WHIPPLE ROAD						3. Date of Earliest Transaction (Month/Day/Year) 08/04/2009									X Officer (give title Other (specify below) Snr VP Pharmaceutical Ops				
(Street) UNION CITY CA 94587				4. If										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																			
1 Title of S	Security (Inst		le I - No	n-Deriv		_	Deem		quired,	Dis	posed o				1	ount of	6. Ownership	7. Nature	
Date						Exe r) if a	Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)		Disposed Of (D) (Instr. 3, 4				Securi Benefi	urities eficially ned Following orted	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or P	rice	Transa	action(s) 3 and 4)		,	
Common	Stock			08/04/	/2009				S		600	I)	\$6.26	79	96,877	D		
Common	Stock			08/04	/2009				S		3,400	I		\$6.25	79	93,477	D		
Common Stock				08/04/				S		21,000	I		\$6.24	7	72,477	D			
Common Stock				08/04/				S		30,000	I		\$6.2	74	42,477	D			
Common	Stock			08/04/	/2009				S		30,000	I)	\$6.17	7:	12,477	D		
Common Stock				08/04/2009					S		30,000	I)	\$6.14		32,477	D		
Common Stock				08/04/2009					S		10,400	I) (\$6.135	67	72,077	D		
Common Stock				08/04/				S		29,900	I)	\$6.13	64	42,177	D			
Common Stock				08/04/				S		1,700	I		\$6.12	64	40,477	D			
Common Stock				08/04/2009					S		28,000	I)	\$6.1	6	12,477	D		
Common Stock				08/05/				S		1,400	I)	\$6.48	6	11,077	D			
Common Stock				08/05/	08/05/2009				S		2,600	I) !	\$6.475	60	08,477	D		
Common Stock 08				08/05/	08/05/2009				S		2,000	I) \$	\$6.4725		06,477	D		
Common Stock				08/05/2009					S		7,500	I)	\$6.47		98,977	D		
Common Stock 0				08/05/	08/05/2009				S		11,500	I)	\$6.46		37,477	D		
Common Stock 08/				08/05/	08/05/2009				S		25,000	I		\$6.44	562,477		D		
Common Stock 08/05/2				2009				S		50,000	I)	\$6.43	512,477		D			
Common Stock 08/05/2					/2009	2009			S		15,000	I		\$6.42	49	97,477	D		
		Ta									osed of, onvertib				wned				
L. Title of	ned	4.	1. 5.		5. Number 6		6. Date Exercisable and Expiration Date			7. Title and		rice of	9. Number of		11. Nature				
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any (Month/D	· 1		ransaction Code (Instr.)				on Dat Day/Ye		Amount of Securities Underlying Derivative Security (Instr. and 4)		Sec (Ins	ivative urity tr. 5)	rity Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er					
xplanation	of Respons	es:																	

/s/ David Jeffrey Medeiros

08/06/2009

** Signature of Reporting Person

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 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.