## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
rvasiliigtoii,	D.C.	20070

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL						
OWNERSHID						

OMB APPROVAL						
OMB Number: 3235-036						
Estimated average burden						
hours per response:	1.0					

Form 3 Holdings Reported.

Form 4	Transactions	Reported.	F	iled pursuant or Secti					ities Exchar ompany Act		of 1934							
1. Name and Address of Reporting Person*  BEERS ROY JERALD				2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [ QSC ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specible))					Owner er (specify			
(Last) (First) (Middle) 3260 WHIPPLE ROAD				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003						VP, Sales & Marketing								
(Street) UNION (City)			94587 (Zip)	4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. In Line)	) 【 Form fi	r Joint/Group Filing (Check Applicable In filed by One Reporting Person In filed by More than One Reporting In filed by More than One Reporting				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
D		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I if any (Month/Day	Date, T	Code (Instr.					5. Amount Securities Beneficiall Owned at 0		Form: I ly (D) or		Direct	7. Nature of Indirect Beneficial Ownership	ect eficial		
				(MOHIII/Day			71041)			A) or D)	Price		Issuer's Fiscal Year (Instr. 3 ar 4)		(Instr. 4			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative   Conversion   Dat		(Month/Day/Year) if any	Execution Date,	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 Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Owners Form: Direct ( or Indir (I) (Inst	ship of Ind Benef D) Owne ect (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Nu of	nount mber ares		Transaction(s) (Instr. 4)				
Stock Options (Right to Buy) <sup>(1)</sup>	\$0.85	09/15/2003		A	300,000		(2)	2)	09/14/2013	Comm Stock	1.30	0,000	\$0	\$	0	D		

## **Explanation of Responses:**

- 1. Options granted under the Questcor Pharmaceuticals, Inc. 1992 Employee Stock Option Plan.
- 2. Options vest monthly over 48 months from the date of grant. The options have a six month cliff, whereby no options vest until after the sixth month.

/s/ R. Jerald Beers

02/13/2004

\*\* 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.