FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* SILVERMAN LOU				<u>Q</u>	2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QCOR]						<u>C</u> [(Ch	Relationship eck all applic X Directo	cable)	Pers	on(s) to Issu 10% Ow	
(Last) (First) (Middle) 3260 WHIPPLE ROAD					3. Date of Earliest Transaction (Month/Day/Year) 12/10/2009						Officer below)	(give title		Other (s below)	pecify	
(Street) UNION CITY CA 94587				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)				Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)									Persor	n ´		•	
		Tak	le I - Non-D	Derivativ	re Se	curities	s Ac	quired, Di	sposed o	f, or Be	neficial	y Owned	1			
Date			Transactio ate Month/Day/\	Execution Date,		Code (Instr. 5)				Benefici	es For ially (D) Following (I) (: Direct C Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code V	Amount	(A) or (D)	Price	Transact (Instr. 3				msu. 4)	
			Гаble II - De (e.					uired, Dis , options,				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year) if any (Month/Day/Year)		Code	Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
STOCK OPTION (Right to Buv) ⁽¹⁾	\$4.08	12/10/2009		A		25,000		(2)	12/09/2019	Common Stock	25,000	\$0	25,000)	D	

Explanation of Responses:

- $1.\ Options\ were\ granted\ under\ the\ Questcor\ Pharmaceuticals,\ Inc.\ 2004\ Non-Employee\ Directors'\ Equity\ Incentive\ Plan.$
- 2. Options vest monthly over 48 months from the date of the grant.

/s/ K. Young under power of attorney for Louis E. Silverman

12/11/2009

** Signature of Reporting Person

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.