## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: 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* FARRELL STEPHEN C						UE:			ker or Trad				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
					_   QS	SC]									(give title		Other (s	
(Last) (First) (Middle)						Data	of Farliage	Tron	saction (Mo	nth/F	) (\(\lambda \)	_	below		below)	респу		
8 MINUTE MAN LANE						/01/2		man	saction (ivid	ITIUTI/L	Jay/ Year)							
U WIIIVO	I L WILLY L	ZIII																
(0)						If Am	endment,	Date	of Original I	Filed	(Month/Da		6. Individual or Joint/Group Filing (Check Applicable					
(Street)												Line)  X Form filed by One Reporting Person						
LEXINGTON MA 02421													Form filed by More than One Reporting					
-					-									Perso		e man	One Repor	rung
(City) (State) (Zip)																		
		Tak	le I - Non	-Deriv	/ativ	e Se	curitie	s Ac	quired,	Disp	osed o	f, or Be	neficia	lly Owned	l			
1. Title of Security (Instr. 3) 2. Transa							2A. Deem		3. 4. Secu		4. Securit	ties Acquire	ed (A) or	5. Amou		6. Ownership		7. Nature
Date (Month/				Dav/Ye	ear)	Execution if any	Date	, Transa Code (I					d Securiti Benefici		Form: Direct (D) or Indirect		of Indirect Beneficial	
"					-u,,	,	(Month/Da	ay/Yea			"				ollowing	(I) (In:	str. 4)	Ownership (Instr. 4)
									Code	V Amount		(A) or	Price	Transac	ransaction(s)			IIISU. 4)
							5545		7	(D)		(Instr. 3	and 4)					
		-	Table II - I	Deriva	tive	Sec	urities	Acq	uired, D	ispo	sed of,	or Bene	eficiall	y Owned				
			(	e.g., p	outs,	call	s, warr	ants	s, option	s, c	onvertil	ole secu	rities)					
1. Title of 2. 3. Transaction 3A. Deemed 4.														9. Number		10.	11. Nature	
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					Transaction Code (Instr.				Expiration Date (Month/Day/Year)			of Securities Underlying		Derivative Security			Ownership Form:	of Indirect
(Instr. 3)					ear) 8)		Securities Acquired		` '			Derivative Security (Instr. 3 and 4)		(Instr. 5)	Beneficial Owned	ly	Direct (D) or Indirect	Ownershi (Instr. 4)
							(A) or Disposed of (D) (Instr. 3, 4 and 5)					(			Following		(I) (Instr. 4)	(111501.4)
															Reported Transaction	on(s)		
				L										╛	(Instr. 4)			
													Amoun	:				
													or Numbe					
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	of Shares					
Stock															1	- 1		1
Option															1			1
(Right to	\$5.77	01/01/2008			A		15,000		(2)	1	2/31/2017	Common	15,000	\$5.77	15,000		D	
(Right to Buy) <sup>(1)</sup>	\$5.77	01/01/2008			A		15,000		(2)	1	2/31/2017	Common Stock	15,000	\$5.77	15,000		D	
Buy) <sup>(1)</sup>	\$5.77	01/01/2008		_	A		15,000		(2)	1	2/31/2017		15,000	\$5.77	15,000	)	D	
Buy) <sup>(1)</sup> Stock Option									(2)			Stock						
Buy) <sup>(1)</sup> Stock Option (Right to	\$5.77 \$5.77	01/01/2008			A A		15,000				2/31/2017	Stock	15,000		15,000		D D	
Buy) <sup>(1)</sup> Stock Option (Right to Buy) <sup>(1)</sup>												Stock						
Buy) <sup>(1)</sup> Stock Option (Right to Buy) <sup>(1)</sup> Stock Option	\$5.77	01/01/2008			A		10,000		(3)	1	2/31/2017	Stock	10,000	\$5.77	10,000	)	D	
Stock Option (Right to Buy) <sup>(1)</sup>										1		Stock  Common Stock		\$5.77		)		

## **Explanation of Responses:**

- 1. Options were granted under the Questcor Pharmaceuticals, Inc. 2004 Non-Employee Director's Equity Incentive Plan.
- 2. The options vest monthly over 48 months from the date of the grant.
- 3. Options vest 100% on date of grant.

/s/ Stephen C. Farrell

01/03/2008

\*\* 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.