FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
OMB Number	3235-02

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to

287 Estimated average burden 0.5 hours per response

Instruc	ction 1(b).	iue. See						a) of the Sec Investment			1934		hours	per res	sponse:	0.5	
1. Name and Address of Reporting Person* Zielonka Jason (Last) (First) (Middle) 3260 WHIPPLE ROAD					or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QCOR] 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2010							Relationship of Reporting Person(s) to Issuer eck all applicable) Director 10% Owner X Officer (give title below) Chief Medical Officer				vner	
(Street) UNION CITY CA 94587 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	ndividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
1. Title of	Security (Ins			2. Transactio	_	2A. Deem	ed	3.	4. Secur	ities Acqui	red (A) or	5. Amour				7. Nature of	
Date (Month/E				Date (Month/Day/	Day/Year) Execution Date if any (Month/Day/Yea		Code (In: 8)	(A) or			Beneficially			Indirect str. 4)	Indirect Beneficial Ownership (Instr. 4)		
			Table II - D					uired, Dis s, options				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e s ally g	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		(Instr. 4)				
STOCK OPTION								(0)		Common							

(2)

02/25/2020

Explanation of Responses:

(Right to

Buy)(1)

\$4.68

- 1. Non-qualified stock options granted under the Questcor Pharmaceuticals, Inc. 2006 Equity Incentive Award Plan.
- 2. The options vest over 48 months beginning on the grant date, subject to a one year cliff such that no options vest until the first anniversary of grant date, at which time 25% of such options vest.

130,000

/s/ Gary Sawka under power of 03/02/2010 attorney for Jason Zielonka, M.D.

\$0

** Signature of Reporting Person

130,000

Stock

Date

130,000

D

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).

02/26/2010

** 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.