FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

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

					01 500	20011 30(11) OF LITE II	ivestine	iii Coii	ipariy Act	01 1	J-10							
1. Name and Address of Reporting Person*  BAILEY DON M					2. Issuer Name and Ticker or Trading Symbol OUESTCOR PHARMACEUTICALS INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				1	[ QCOR ]							X D	Director		10% (	Owner		
(Last)	(First) (Middle)			Į QO	[ Gook ]								Officer ( elow)	(give title	Other (specify below)			
1300 NORTH KELLOGG DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 02/24/2013								]	President	and CEO				
SUITE D				<u> </u>														
(Street)				4. If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
ANAHEIM CA 92807														,	Reporting Pers			
											orm fil Person		e than One Rep	orting				
(City)	(St	ate) (	(Zip)															
		Tab	le I - No	n-Deriv	ative S	ecurities Acc	μired,	Dis	posed o	f, c	r Ben	eficia	ally Ov	vned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Dispo		Disposed	urities Acquired (A) sed Of (D) (Instr. 3, 4			d Se Be Ov	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount		(A) or (D)	Price	Tra	ported ansacti str. 3 a	ion(s)		(Instr. 4)	
Common Stock <sup>(1)</sup> 02/24/			/2013		A		71,453 <sup>(2)</sup> A		\$	)	170,453		D					
Common Stock <sup>(1)</sup> 02/24/				/2013		A		85,250 <sup>(3)</sup> A		\$	)	255,703		D				
Common Stock <sup>(1)</sup> 02/24/2				/2013		A		85,250 <sup>(4)</sup> A		\$	)	340,953		D				
		Ta				curities Acqui							y Own	ed				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)		n Date,	Transaction of I		Expiration	Date Exercisable and Diration Date Onth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price of Derivative Security (Instr. 5)		Number of erivative ecurities eneficially wned ollowing eported ransaction(snstr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

- 1. Restricted stock granted under the Questcor Pharmaceuticals, Inc. 2006 Equity Incentive Award Plan.
- 2. Represents a restricted stock award in connection with the Company's 2012 incentive compensation policy that provides for the vesting of 100% of shares one year from the date of grant.

(A) (D)

Date

Exercisable

Expiration

Date

- $3. \ Represents \ a \ restricted \ stock \ award \ that \ vests \ in \ four \ equal \ annual \ installments \ beginning \ on \ 2/24/2014.$
- 4. Represents a restricted stock award that vests subject to the achievement of certain performance-based criteria.

<u>/s/ Don M. Bailey</u> <u>02/26/2013</u>

\*\* Signature of Reporting Person

Amount or Number

Shares

Doto

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).

Code

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.