SEC Form 4	
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Young David

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(Last)

(Street)

(City)

SUITE D

ANAHEIM

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

1. Name and Address of Reporting Person*

1300 NORTH KELLOGG DRIVE

(First)

CA

(State)

(Middle)

92807

(Zip)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Ac or Section 30(h) of the Investment Company Act of 194

3. Date of Earliest Transaction (Month/Day/Year)

01/29/2014

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940			per response.	0.5		
2. Issuer Name and Ticker or Trading Symbol <u>QUESTCOR PHARMACEUTICALS INC</u> [OCOR]		Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner				
QCOR]	X	Officer (give title below)	Other (spec below)	ify		

Chief Scientific Officer

6. Individual or Joint/Group Filing (Check Applicable Line) x Form filed by One Benerting Berson

Form med by One Reporting Person
Form filed by More than One Reporting
Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

4. If Amendment, Date of Original Filed (Month/Day/Year)

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	01/29/2014		М		10,000	Α	\$5.77	101,145	D	
Common Stock	01/29/2014		М		10,000	Α	\$9.3 1	111,145	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Exp		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy) ⁽¹⁾	\$5.77	01/29/2014		М			10,000	(2)	12/31/2017	Common Stock	10,000	\$0.00	0	D	
Stock Option (right to buy) ⁽¹⁾	\$9.31	01/29/2014		М			10,000	(3)	12/31/2018	Common Stock	10,000	\$0.00	0	D	

Explanation of Responses:

1. Options were granted under the Questcor Pharmaceuticals, Inc. 2004 Non-Employee Director's Equity Incentive Plan.

2. The option was granted on 1/1/2008 for the right to buy 10,000 shares of common stock of the Issuer. 100% of the option vested on the date of grant.

3. The option was granted on 1/1/2009 for the right to buy 10,000 shares of common stock of the Issuer. 100% of the option vested on the date of grant.

Remarks:

The transaction reported on this Form 4 solely represents the exercise of options to be held as common stock by the reporting person. The transaction does not represent a sale of common stock by the reporting person.

/s/David Young

** Signature of Reporting Person

01/31/2014

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.