FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL
	OMB Number:	3235-0287
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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* Engelke Kristine							2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QCOR]									nip of Reportir oplicable) ector cer (give title	ng Person(s) to Is 10% (Other	
(Last) (First) (Middle) 1300 NORTH KELLOGG DRIVE SUITE D							3. Date of Earliest Transaction (Month/Day/Year) 08/11/2011									ow) (wo	below roller & PAO	
(Street) ANAHEI (City)		CA 92807 (State) (Zip)			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Line) X Form filed by One Form filed by More Person												
(City)	(31		e I - Non	-Deriva	 ative	Sec	uritie	s Acc	quired,	Dis	posed o	f, or	Bene	eficial	ly Owr	ned		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			Code (Transaction Disposed Code (Instr. 5)					I Secu Bene	nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	() (I	A) or D)	Price	Trans	saction(s) : 3 and 4)		(111341. 4)
Common	Stock	/2011				S		883 D		D	\$31.	5	0	D				
		Та	ble II - D								sed of, onvertib				Owne	t		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Transact Code (In					6. Date E Expiratio (Month/D	n Date	•	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)			3. Price of Derivative Security Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Co.		Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Nun of Sha	nber						

Explanation of Responses:

/s/ Kristine Engelke

08/15/2011

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).