FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT O	F CHANGES IN	BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

heck this box if no longer subject to ection 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OW
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 19

1. Name and Address of Reporting Person*  BAILEY DON M					QI	2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [ QCOR ]								c all applic Directo	able)	g Person	Person(s) to Issuer  10% Owner  Other (specify	
(Last) 1300 NO SUITE D	(F )RTH KELI )		Date of Ear /14/2014	liest Trar	nsaction	ı (Mon	th/Day/Year)	X	below)		below) See Remarks							
(Street)	IM C.	4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				1			
(City)	(S	tate)	(Zip)	Non Dori	vative	o Socuri	tios A	oguir/		isposod o	of or B	onofic	nially.	Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye		n 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Disposed Of	Acquired (A) or (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct of direct E	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common	Stock			07/14/2	014			M	V	40,000	(A) or (D)	Price \$5	.12	(Instr. 3	and 4)	I	. I	Held by he Bailey 1995 Family Frust
Common	Stock			07/14/2	014			S		1,400	D	\$93.3	3989 <sup>(4)</sup>	137	7,600	I	t 1	Held by he Bailey 1995 Family Trust
Common	Stock			07/14/2	014			S		5,400	D	\$94.7	7559 <sup>(4)</sup>	132	2,200	I	. I	Held by he Bailey 1995 Family Trust
Common	Stock			07/14/2	014			S		8,204	D	\$95.7	7559 <sup>(4)</sup>	123	3,996	I	t 1	Held by he Bailey 1995 Family Frust
Common Stock			07/14/2	014			S		21,776	D	\$95.5	5193 <sup>(4)</sup>	102	2,220	I	t 1	Held by he Bailey 1995 Family Frust	
Common Stock		07/14/2014				S		3,220	D	\$97.4069 <sup>(4)</sup>		99,000		I	. I	Held by he Bailey 1995 Family Frust		
			Table							sposed of,				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date,	4. Transa Code (I 8)	sction of Der Sec Acc (A) Dis of (	Number rivative curities quired	6. Dat		rcisable and Date	7. Title of Secu	and Amo rities ring ive Secu	ount 8.	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	y O' Fo Oi (I)	). wnership orm: irect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction  Date (Month/Day/Year)	code Transa Code (	calls v				CONVERTION Expiration Statute and	or Beneficially ble securities of Titletle and Simoesit 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) <sup>(2)</sup>	\$5.12	07/14/2014	M			40,000	(3)	01/18/2020	Common Stock	40,000	\$0.00	60,000 <sup>(1)</sup>	I	Held by the Bailey 1995 Family Trust

## **Explanation of Responses:**

- 1. As of the date of this Form 4, the reporting person holds Questcor Pharmaceuticals, Inc. stock options to purchase 825,000 shares of common stock; of such amount, 651,666 shares are fully vested and exercisable. The reporting person also holds 377,237 shares of Questcor Pharmaceuticals, Inc. common stock, of which 278,237 shares are held directly by the reporting person.
- 2. Options were granted under the Questcor Pharmaceuticals, Inc. 2006 Equity Incentive Award Plan.
- 3. The option was granted on 01/19/2010 for the right to buy 280,000 shares of common stock of the Issuer. The option provided for monthly vesting over 48 months from the date of grant, with a 12-month cliff, whereby no options vested until after the twelfth month from the date of the grant.
- 4. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$92.98 \$93.88, \$94.17 \$95.12, \$95.17 \$96.16, \$96.17 \$97.12 and \$97.17 \$97.60, respectively. The reporting person undertakes to provide Questcor Pharmaceuticals, Inc., any security holder of Questcor Pharmaceuticals, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this Form 4.

## Domarko

President and Chief Executive Officer The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 Trading Plan (the "Automatic Trading Plan") adopted by the reporting person in the second quarter of 2013 and effective 90 days post-adoption. There have been no changes to the Automatic Trading Plan since its adoption. The first sale under the Automatic Trading Plan occurred on September 13, 2013, and there have been no sales by the Reporting Person outside of the Automatic Trading Plan since its adoption. The Automatic Trading Plan controls the exact dates and amounts of sales.

<u>/s/Don M. Bailey</u> <u>07/16/2014</u>

\*\* 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.