FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Cartt Stephen LaHue			2. Date of Even Requiring State Month/Day/Yea 03/21/2005	ring Statement h/Day/Year) QUESTCOR PHARMACEUTICALS INC [QSC]							
(Last) 3260 WHIPPL	(First)	(Middle)				utionship of Reporting Perso call applicable) Director	n(s) to Issue 10% Owne			Amendment, Da th/Day/Year)	te of Original Filed
				X	Officer (give title below)	Other (spec			6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) UNION CITY	CA	94587				Executive Vice Pro	esident		X	,	One Reporting Person More than One erson
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						Amount of Securities eneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		t (D) (4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Inst			- "		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivati Security	ive	Direct (D) or Indirect (I) (Instr. 5)	
Common Stock	(Right to Buy)(1)	(2)	03/07/2015	5	Common Stock	600,000	0.46	5	D	

Explanation of Responses:

- 1. Options granted under the Questcor Pharmaceuticals, Inc. 1992 Employee Stock Option Plan.
- 2. Options vest monthly over 48 months from the date of grant. The options have a twelve month cliff, whereby no options vest until after the twelfth month from the date of grant.

/s/ Stephen LaHue Cartt 03/30/2005

** 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 5 (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.