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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* BAILEY DON M						2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QCOR]								5. Relationship of Reporti (Check all applicable) X Director			10% Owner		ner
(Last) (First) (Middle) 1300 NORTH KELLOGG DRIVE SUITE D						3. Date of Earliest Transaction (Month/Day/Year) 01/10/2012								X Officer (give title Other (specify below) President & CEO					
(Street) ANAHEIM CA 92807					- 4. I -	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individ ne) X	•				
(City)	(Si	tate)	(Zip)																
		Tab	le I - No	n-Deriv	vativ	e Se	curit	ies Ac	quired	, Dis	posed o	f, or Be	neficia	lly O	wned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)						Execution D			3. Transa Code (1 8)		4. Securitie Disposed (Beneficiall Owned Fol		s illy ollowing	6. Own Form: I (D) or I (I) (Inst	Direct of Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	1	Reported Transaction(s) (Instr. 3 and 4)			[(Instr. 4)
Common Stock 01/10/2)/2012	012			М		30,000	A	\$0.4	14	129,500		I		Held by the Bailey 1995 Family Trust
Common Stock 01/10/2)/2012	012			S		30,000	D	\$41.8	7 ⁽¹⁾ 99,!		,500		I 1	Held by the Bailey 1995 Family Trust
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. Deem Execution if any (Month/Da	ed n Date,	4. Transaction Code (Instr. 8)		5. Number n of			xerci	sable and	7. Title and Amou of Securities Underlying Derivative Securii (Instr. 3 and 4)		8. Price of Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i C F Ily D O (I	Dunership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy) ⁽²⁾	\$0.44	01/10/2012			М			30,000	(3)		07/01/2017	Common Stock	30,000	0	\$0	153,33	9	I	Held by the Bailey 1995 Family Trust

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$41.50-\$42.30, inclusive. 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 Footnote 1 of the Form 4.
- 2. Stock options were granted under the Questcor Pharmaceuticals, Inc. 2006 Equity Incentive Award Plan on July 2, 2007.
- 3. Stock options were fully vested and exercisable as of May 2, 2008.

Remarks:

As of the date of this Form 4, the reporting person holds Questcor Pharmaceuticals, Inc. stock options to purchase 1,503,339 shares of common stock; of such amount, 932,921 shares are fully vested and exercisable. The reporting person during the second quarter of 2011.

/s/ Don M. Bailey

01/12/2012

** 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.