FORM 5

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(h)

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL							
OMB Number:	3235-0362							
Estimated average burden								
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Form 3 Holdings Reported.

Form 4 Transactions Reported

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

				or Secur)II 30(II)	or the	invesui	ieni C	ompany Act	01 1940								
1. Name and Address of Reporting Person* <u>ALLNUTT ROBERT</u>					2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				QSC]							_ [X Director			10% Owner			
(Last) (First) (Middle) 3260 WHIPPLE ROAD				3. Statem	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003						ar)	Officer (give title below)				Other (specify below)		
				4 15 0	A MANAGEMENT DATA of Original ET 1 (2) 1 (2)													
(Street)			4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
UNION CITY CA 94587											X Form filed by One Reporting Person							
				-								Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)									1 (130)1						
		Tab	le I - Non-Deri	vative Sec	curitie	s Ac	quire	d, Di	sposed o	of, or Be	nefici	ally Owne	k					
Date			Execution I	Execution Date, if any Co		Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			5. Amoun Securities Beneficia	S Owne		ership Indi : Direct Ben		lature of irect neficial nership		
				(Month/Day	·) 8)		Amoui	unt (A) or (D) Price			Owned at Issuer's F Year (Inst	Fiscal Indire		ect (I) (Ins		str. 4)		
	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 Month/Day/Year Mont		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefic Owned Followin Reporte Transac (Instr. 4)	ve ies ially ng ed ction(s)	10. Owners Form: Direct (or Indir (I) (Inst	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er						
Stock Option (Right to Buy) ⁽³⁾	\$1.19	01/24/2003		A	15,000		(4)		01/23/2013	Common Stock	15,000	\$0	161,455		D			
Stock Option (Right to Buy) ⁽¹⁾	\$0.84	01/01/2003		A	10,000		(2)		12/31/2012	Common Stock	10,000	\$0	161,455		D			
Stock Option (Right to	\$1.19	01/24/2003		A	7,500		(4)		01/23/2013	Common Stock	7,500	\$0	161,	455	5 D			

Explanation of Responses:

- 1. Options granted under the Questcor Pharmaceuticals, Inc. 1993 Non-Employee Director Equity Incentive Plan.
- 2. Options vest monthly over 48 months from the date of grant.
- 3. Options granted under the Questcor Pharmaceuticals, Inc. 1992 Employee Stock Option Plan.
- 4. Options vest 100% at date of grant.

/s/ Robert F. Allnutt

02/13/2004

** 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.