FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| | | | | | | | | | | | <u> </u> | | | | | | | | |
|--|---|--|---|----------|--|--|--|--|--|--------------|------------------|---------------------------------------|---|---|---|---|---|---------------------------------|---|
| Name and Address of Reporting Person* SAXE JON S | | | | | | 2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QSC] | | | | | | | | | ionship o all applic Directo | able) | g Pers | on(s) to Iss 10% Ov | |
| (Last) (First) (Middle) | | | | <u> </u> | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | Officer (give title Other (specify below) below) | | | | | |
| 3260 WHIPPIE ROAD | | | | | | | 01/01/2006 | | | | | | | | | | | | |
| (Street) | | | | 4.1 | 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 | | | | | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | Person | | | | | |
| | | Tak | ole I - Nor | ı-Deriv | /ativ | e Se | curities | s Ac | quired, | Disp | osed o | f, or Be | neficia | ally C | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ear) | Execution if any | ZA. Deemed Execution Date, f any (Month/Day/Year) | | Code (Instr. | | | | | 5. Amour Securitie Beneficia Owned F Reported | es Fo ally (D) Following (I) | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | v | Amount | (A) or (D) | Price | Trancacti | | ion(s) | | | (Instr. 4) |
| | | • | Table II - I | | | | | | uired, D s, option | | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | of Securit Underlyin Derivative | 7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4) | | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. | Ownership | Beneficial Ownership ct (Instr. 4) |
| | | | | | | | | | | \top | | | Amoun | | | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Numbe of Shares | | | | | | |
| Stock Option (Right to Buy) ⁽¹⁾ | \$1.04 | 01/01/2006 | | | A | | 15,000 | | (2) | 1 | 2/31/2015 | Common Stock | 15,000 | 0 : | \$1.04 | 0 | | D | |
| Stock Option (Right to Buy) ⁽¹⁾ | \$1.04 | 01/01/2006 | | | A | | 10,000 | | (3) | 1 | 2/31/2015 | Common Stock | 10,000 | 0 | \$1.04 | 10,000 |) | D | |
| Stock Option (Right to | \$1.04 | 01/01/2006 | | | A | | 7,500 | | (3) | | | Common | 7,500 | | \$1.04 | | | | |

Explanation of Responses:

- 1. Options granted under the Questcor Pharmaceuticals, Inc. 2004 Non-Employee Director Equity Incentive Plan.
- 2. The options vest monthly over 48 months from the date of the grant.
- 3. Options vest 100% at date of grant.

Jon S. Saxe

01/04/2006

** 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.