FORM 4

Instruction 1(b).

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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	

OMB APPROVAL OMB Number: Estimated average burden

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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

1. Name and Address of Reporting Person* <u>Rubin Robert Joseph</u>					2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QSC]							. Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 7901 SPRINGER ROAD				3.	3. Date of Earliest Transaction (Month/Day/Year) 09/24/2007							Officer (give title Other (s below) below)			pecify	
(Street) BETHESDA MD 20817 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	S. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - Non-D	Derivativ	re Se	curities	s Ac	quired, Di	sposed	of, or Be	neficial	ly Owned				
Date			Transactio ate Ionth/Day/\	Execution Date,		Code (Ins	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			Benefici	es For ally (D) Following (I)		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	Amoun	t (A) o	r Price	Transact (Instr. 3	ion(s)			(Instr. 4)
		-	Table II - De (e.					uired, Dis , options,				Owned			<u> </u>	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Dat if any (Month/Day/Ye	Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount 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	Expiratior Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)(1)	\$0.6	09/24/2007		A		25,000		(2)	09/23/201	Common Stock	25,000	\$0.6	25,000	0	D	

Explanation of Responses:

- 1. Options granted under the Questcor Pharmaceuticals, Inc. 2004 Non-Employee Directors' Equity Incentive Plan.
- 2. Options vest monthly over 48 months from the date of the grant.

/s/ Robert Joseph Rubin

09/26/2007

** Signature of Reporting Person

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.