FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| ONB APPROVAL | | | | | | | | |
|-------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burde | n | | | | | | | |
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Hansen Albert (Last) (First) (Middle) 126 EAST 56TH STREET, 24TH FLOOR (Street) | | | | | 2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QSC] 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2006 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | <u>C</u> [(| S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
|--|--|------------|---|------------------------------|---|--|---------------------------------|---|---|----------------|--|---|--|--|--|--|
| (City) | | tate) | (Zip) | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | tion 2A. Deemed Execution Date, | | 3. Transac Code (Ir 8) | tion | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) Amount (A) or (D) | | ed (A) or str. 3, 4 ar | 5. Amo Secur Benef Owner Repor Transi | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| 4 Till - 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 | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Exercisal Expiration Date (Month/Day/Year) | | e and | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((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 | Ex Da | piration te | Title | Amount or Number of Shares | | | | |
| Option (right to buy) | \$1.04 | 01/01/2006 | | A | | | 15,000 | 02/01/2006 ⁽¹⁾ | 12 | /31/2015 | Common Stock | 15,000 | \$1.04 | 15,000 ⁽²⁾ | I ⁽²⁾ | By Corporate Opportunities Fund (Institutional), L.P. |
| Option (right to buy) | \$1.04 | 01/01/2006 | | A | | | 10,000 | 01/01/2006 | 01 | /01/2006 | Common Stock | 10,000 | \$1.04 | 10,000 ⁽²⁾ | I ⁽²⁾ | By Corporate Opporunities Fund (Institutional), L.P. |

Explanation of Responses:

- 1. The options vest monthly over the 48 months from the date of grant.
- 2. These options were issued in the name of Corporate Opportunities Fund (Institutional), L.P. Mr. Hansen is a manager of SMM Corporate Management, LLC, the general partner of Corporate Opportunities Fund (Institutional), L.P. He disclaims any beneficial ownership of such shares except to the extent of his pecuniary interest in therein.

Al Hansen

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.