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

| Name and Address of Reporting Person*     Young David  |   |  |  |       |                              | 2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [ QSC ] |   |     |  |                                      |                  |  |  | neck all  |                 | able)   | g Pers     | son(s) to Issi<br>10% Ow   |   |
|--|---|--|--|-------|------------------------------|--|---|-----|--|--------------------------------------|------------------|--|--|---|-----------------|---|------------|--|---|
| (Last) (First) (Middle)<br>8850 STANFORD BOULEVARD<br>SUITE 2500   |   |  |  |       | 3. 1                         | 3. Date of Earliest Transaction (Month/Day/Year) 09/21/2006                      |   |     |  |                                      |                  |  |  |   | fficer<br>elow) | (give title   |            | Other (s<br>below)   | pecify  |
| (Street) COLUMBIA MD 21045  (City) (State) (Zip)   |   |  |  |       | _ 4. 1                       | 4. If Amendment, Date of Original Filed (Month/Day/Year)                         |   |     |  |                                      |                  |  |  | Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |                 |   |            |  |   |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |  |  |       |                              |  |   |     |  |                                      |                  |  |  |   |                 |   |            |  |   |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)   |   |  |  |       |                              |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |     | Code (In   | Transaction Disposed Code (Instr. 5) |                  | ties Acquiro<br>I Of (D) (Ins  | ed (A) or<br>str. 3, 4 and             | nd Securitie<br>Beneficia   |                 | es For<br>ally (D)<br>Following (I) (   |            | : Direct<br>r Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |  |       |                              |  |   |     | Code   | v                                    | Amount           | (A) oi<br>(D)  | Price                                  | Tra   | nsacti          | tion(s)<br>and 4)   |            | 1  | msu. 4)   |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |  |       |                              |  |   |     |  |                                      |                  |  |  |   |                 |   |            |  |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Day | Date, | 4.<br>Transa<br>Code (<br>8) |  |   |     | 6. Date Exercisable a<br>Expiration Date<br>(Month/Day/Year) |                                      |                  | 7. Title and Amo<br>of Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |  | Derivative<br>Security  |                 | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | s<br>Silly | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)                             |
|  |   |  |  |       | Code                         | v  | (A)   | (D) | Date<br>Exercisable  |                                      | xpiration<br>ate | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |                 |   |            |  |   |
| Stock<br>Option<br>(Right to<br>Buv) <sup>(1)</sup>  | \$1.64  | 09/21/2006                                 |  |       | A                            |  | 25,000  |     | (2)  | 09                                   | 9/20/2016        | Common<br>Stock  | 25,000                                 | \$(   |                 | 0   |            | D  |   |

## **Explanation of Responses:**

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

/s/ David Young

10/19/2006

\*\* 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.