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

1. Name and Address of Reporting Person* Rubin Robert Joseph (Last) (First) (Middle) 7901 SPRINGER ROAD						2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QSC] 3. Date of Earliest Transaction (Month/Day/Year) 10/18/2007								Officer (give title Oth			10% Ov Other (s below)	vner	
(Street) BETHES (City)	BETHESDA MD 20817				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form Form	dual or Joint/Group Filing (Check Applicable 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. Transac Date (Month/Date)					action	ar) i	CURITIE 2A. Deem Execution f any (Month/De	ed 1 Date	3. 4. Securit Transaction Disposed Code (Instr. 5)			of, or Be ities Acquir d Of (D) (Ins	ed (A) or	5. Amou Securiti Benefic	int of	Form (D) o	: Direct r Indirect	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) o (D)		Reporte Transac (Instr. 3	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
		1	Table II - I)						uired, Di s, option					/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (1 8)				6. Date Exe Expiration (Month/Day	Date	Amount of		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Stock Option (Right to Buy) ⁽¹⁾	\$1	10/18/2007			A		5,000		(2)	10	0/17/2017	Common Stock	5,000	\$0	5,000		D		

Explanation of Responses:

- 1. Options granted under the Questcor Pharmaceuticals, Inc. 2004 Non-Employee Directors' Equity Incentive Plan.
- 2. Options vest 100% on date of the grant.

/s/ Robert Joseph Rubin 10/19/2007

** 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.