

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* <u>Young David</u> (Last) (First) (Middle) <u>1300 NORTH KELLOGG DRIVE</u> <u>SUITE D</u> (Street) <u>ANAHEIM CA 92807</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>QUESTCOR PHARMACEUTICALS INC</u> [<u>QCOR</u>]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Chief Scientific Officer</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>01/24/2014</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	01/24/2014		M		6,000	A	\$4.54	97,145 ⁽³⁾	D	
Common Stock	01/24/2014		S		6,000	D	\$64.3824	91,145	D	

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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	Expiration Date						Title
Stock Option (right to buy) ⁽¹⁾	\$4.54	01/24/2014		M			6,000	(2)	10/29/2019	Common Stock	6,000	\$0.00	89,000	D	

Explanation of Responses:

- Non-qualified stock options granted under the Questcor Pharmaceuticals, Inc. 2006 Equity Incentive Award Plan on 10/30/2009.
- The option was granted on 10/30/2009 for the right to buy 350,000 shares of common stock of the Issuer. The option provided for monthly vesting over 48 months from the date of grant with a twelve month cliff, whereby no options vested until after the twelfth month from the date of grant.
- Includes the acquisition of an aggregate of 1,542 shares of common stock through the Questcor Pharmaceuticals, Inc. Amended and Restated Employee Stock Purchase Plan.

Remarks:

The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 Trading Plan (the "Automatic Trading Plan") adopted by the reporting person in the fourth quarter of 2013 and effective 30 days post-adoption. There have been no changes to the Automatic Trading Plan since its adoption, and there have been no sales by the Reporting Person outside of the Automatic Trading Plan since its adoption. The Automatic Trading Plan controls the exact dates and amounts of sales.

/s/David Young

01/24/2014

** 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.