

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104

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* <u>Furey Raymond J.</u> <hr/> (Last) (First) (Middle) <u>1300 NORTH KELLOGG DRIVE, SUITE D</u> <hr/> (Street) <u>ANAHEIM CA 92807</u> <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>05/23/2013</u>	3. Issuer Name and Ticker or Trading Symbol <u>QUESTCOR PHARMACEUTICALS INC [QCOR]</u> <hr/> 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <p style="text-align: center;"><u>SVP and CCO</u></p>	5. If Amendment, Date of Original Filed (Month/Day/Year) <hr/> 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
<u>Common Stock</u>	<u>15,000</u>	<u>D</u>	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
<u>Stock Option (right to purchase)⁽¹⁾</u>	<u>(2)</u>	<u>12/13/2021</u>	<u>Common Stock</u>	<u>6,000</u>	<u>42.44</u>	<u>D</u>	
<u>Stock Option (right to purchase)⁽¹⁾</u>	<u>(3)</u>	<u>02/14/2022</u>	<u>Common Stock</u>	<u>12,000</u>	<u>35.78</u>	<u>D</u>	

Explanation of Responses:

1. Non-qualified stock options were granted under the Questcor Pharmaceutical, Inc. 2006 Equity Incentive Award Plan.
2. The options vest over 48 months beginning on 10/17/2011, subject to a one year cliff such that no options vest until 10/17/2012, at which time 25% of such options vest.
3. The options vest over 48 months beginning on the grant date, subject to a one year cliff such that no options vest until the first anniversary of grant date, at which time 25% of such options vest.

/s/ Raymond J. Furey 05/28/2013

** 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 5 (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.