FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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0.5

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*						2. Issuer Name and Ticker or Trading Symbol OUESTCOR PHARMACEUTICALS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Medeiros David Jeffrey</u>					1-0			<u> </u>	17 11 (17 17 1	<u> </u>	01101	ILU	1110	١	Director			10% Ov	/ner			
4	<i>(</i> =-		(a.c. 1.11. )		· L	QCOR ]									Officer (below)	give title	Other (speci below)		pecify			
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									Snr VP Pharmaceutical Ops						
3260 WHIPPLE ROAD						02/26/2009												F				
				4 If Amandment Date of Original Filed (Month/Dec. 1/2)									C. Individual or Jaint/Croup Filing (Charle Applicable									
(Street)								4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
UNION	CITY C	A	94587											5	√ Form fil	ed by One	Repo	rting Persor	.			
													Form filed by More than One Reporting									
(City)	(6)	toto)	(7in)												Person							
(City)	(5)	tate)	(Zip)																			
		Tal	ble I - Nor	ı-Deriv	/ativ	e Se	curitie	s Ac	quired, E	Disp	osed o	of, or	Bene	eficially	Owned							
				2. Trans	saction				3. 4. Securi						5. Amoun				7. Nature of			
					Date (Month/Day/Year)			Execution Date, if any		Transaction Disposed Code (Instr.		d Of (D) (Instr. 3, 4 a		3, 4 and 5	) Securities Beneficia				ndirect Beneficial			
							(Month/Day/Year)					Owned Fo	ollowing (i)		str. 4)	Ownership (Instr. 4)						
						Code			v	Amount		(A) or	Price	Transacti	ransaction(s)			nisu. 4)				
									Gout		Amount		(D)	11100	(Instr. 3 a	d 4)						
			Table II - I	Deriva	tive	Sec	urities	Aca	uired. Di	spo	sed of	. or E	3enef	icially (	Owned							
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of	2.	3. Transaction	3A. Deemed		4.				6. Date Exercisable and		7. Title and Amou			8. Price of	9. Numbe		10.	11. Nature				
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution D		ransac Code (I				Expiration D (Month/Day/				Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial					
(Instr. 3)	Price of	(Montal/Bay/rear)	(Month/Day/				Securiti	es	(months buy)	· cui	,	Secur		tr. 3 and	(Instr. 5)	Beneficially		Direct (D)	Ownership			
	Derivative Security		Acquired 4) (A) or									Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)							
	,			Disposed										Reported Transaction(s)		,						
			of (D) (Instr.   3, 4 and 5)										(Instr. 4)									
								П						Amount								
														or Number								
									Date		piration			of								
				C	Code	V	(A)	(D)	Exercisable	Da	te	Title		Shares								
COMMON																						
NON- QUAL																						
STOCK	\$5.1	02/26/2009			Α		70,000		(2)	02	/25/2019	COM	MON	70,000	\$5.1	70,00	0	D				
OPTION (Right to												310										
Buy) <sup>(1)</sup>																						

## Explanation of Responses:

- 1. Non-qualified stock options granted under the Questcor Pharmaceuticals, Inc. 2006 Equity Incentive Award Plan.
- 2. Options vest monthly over 48 months from the date of grant. The options have a twelve month cliff, whereby no options vest until after the twelfth month from the date of grant.

/s/ David Jeffrey Medeiros 03/02/2009

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.