FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|
| | | | | | | | | |

3235-0287 OMB Number: Estimated average burden hours per response: 0.5

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

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* Fares James Lawrence | | | | QU | 2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QSC] | | | | | | | | | 5. Relationship of Rep (Check all applicable) X Director | | | | ssuer Owner | |
|---|-------|--|--------------------------------|---------|--|---|---|------------------|--|--------------------------------|---|---------------|---|--|--|---|--|---|---|
| (Last) 3260 WH | (Fii | • | (Middle) | | 3. Date of Earliest Transacti 03/15/2007 | | | | | n (Month/Day/Year) | | | | | X | belov | ′ | Other (specify below) EO and Director | |
| (Street) UNION (| | A ate) | 94587 (Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 03/19/2007 | | | | | | | | | 6. Indi Line) X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tal | ole I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Ber | nefic | ially | Owne | ed | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa Code (| ction | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | | or 5. Am 4 and Secur Bene Owne | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock | | | 03/15/2007 | | 7 | | | p ⁽¹⁾ | | 22,000 | | A | \$ | 0.8 | 67 | 78,647 | I | Held by the Fares Family Trust | |
| Common | Stock | | | 03/15 | /2007 | 7 | | | p ⁽¹⁾ | | 10,000 | 0 | A | \$0 |).78 | 68 | 38,647 | I | Held by the Fares Family Trust |
| Common Stock | | | 03/15/2007 | | 7 | | | | | 10,000 | | A | \$(|).77 | 698,647 | | I | Held by the Fares Family Trust | |
| | | 7 | able II - I | | | | | | | | sed of, onvertib | | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 2. 3. Transaction Date (Month/Day/Year) if any (Month/Day/Year) | | n Date, | Date, Transactio Code (Inst | | on of E | | 6. Date Exercis. Expiration Date (Month/Day/Yea | | е | Am Sec Und Der Sec | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Der Sec (Ins | rivative curity Str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nu of | ımber | | | | | |

Explanation of Responses:

1. This amendment is being filed to change the acquisition code from "A" to "P" on the Form 4 that was previously filed on March 19, 2007.

/s/ James L. Fares

03/30/2007

** 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.