FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| wasnington, D.C. 20549 | OMB APPROVAL | | | | |
|--|--------------|---------|--|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-02 | | | |

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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>Medeiros David Jeffrey</u> | | | | | QL | 2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QCOR] | | | | | | | | | | | all app | | 10 | % O | wner |
|--|---|---|-------------|-------------------------|---|--|----------|--------------------------|------------------------------------|--|--------|--|---------------|----------------------------|-----------------------|--|--|---|---|--|------------|
| (Last) 1300 NO | (Fii | rst) (| (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/02/2012 | | | | | | | | | | | | X Officer (give title Other (sp below) EVP and CTO | | | |
| (Street) | | | | | 4. If | Ame | nt, Date | of Origi | of Original Filed (Month/Day/Year) | | | | | | | | ual or Joint/Group Filing (Check Applicable | | | | |
| ANAHEI | M CA | A 9 | 92807 | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | _ | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curit | ies Ac | quire | d, Di | isp | osed o | f, o | r Bei | nefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Cod | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Secu Bene Owne | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | | | Amount | (A) or (D) | | Pri | ce | | | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | | | | 11/02/ | 1/02/2012 | | | | | | | 10,000 |) | A | \$ | 23.8 | 18,028(1) | | D | | |
| Common Stock | | | | 11/05/ | 5/2012 | | | | P | | | 10,000 |) | A | \$ | 23.9 | 28,028(1) | | D | | |
| Common Stock | | | | 11/05/ | 11/05/2012 | | | | P | | | 10,000 |) | A | \$23.97 | | 38,028(1) | | D | | |
| Common Stock | | | | 11/05/2012 | | | | | P | | | 15,000 |) | A | \$2 | 23.98 | 53,028(1) | | D | | |
| Common Stock | | | 11/05/2012 | | | | | P | | | 10,000 | | A | \$ | 23.9 | 63,028(1) | | D | D | | |
| | | Та | ıble II - I | | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3A. Deem Execution if any (Month/D | n Date, | 4. Transa Code (I | | | | Expira | e Exerc tion D n/Day/` | ate | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | f g e Instr. : | Deri Seci (Inst | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Owners Form: Direct (I or Indire (I) (Insti | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | - | Code | v | (A) | (D) | Date Exerc | sable | | xpiration ate | Title | of e SI | f hares | | | | | | |

Explanation of Responses:

1. As of the date of this Form 4, the reporting person holds Questcor Pharmaceuticals, Inc. stock options to purchase 454,428 shares of common stock; of such amount, 312,864 shares are fully vested and exercisable.

/s/ David J. Medeiros

11/06/2012

** 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.