

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

| OMB APPROVAL | |
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| 1. Name and Address of Reporting Person* <u>Medeiros David Jeffrey</u> (Last) (First) (Middle) 3260 WHIPPLE ROAD (Street) UNION CITY CA 94587 (City) (State) (Zip) | 2. Issuer Name and Ticker or Trading Symbol <u>QUESTCOR PHARMACEUTICALS INC</u> [QSC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below) <u>VP, Manufacturing</u> |
| | 3. Date of Earliest Transaction (Month/Day/Year) 07/18/2005 | |
| | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person |

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 | 07/19/2005 | | M | | 4,166 | A | \$0.6 | 588,653 ⁽¹⁾ | D | |
| Common Stock | 07/19/2005 | | M | | 2,083 | A | \$0.44 | 590,736 | 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 | | | | | | Amount or Number of Shares |
| Stock Options (Right to Buy) ⁽²⁾ | \$0.6 | 07/19/2005 | | M | | 4,166 | | (3) | 12/10/2013 | Common Stock | 4,166 | \$0.6 | 30,209 | D | |
| Stock Options (Right to Buy) ⁽²⁾ | \$0.44 | 07/19/2005 | | M | | 2,083 | | (3) | 09/16/2014 | Common Stock | 2,083 | \$0.44 | 19,792 | D | |

Explanation of Responses:

- Includes 19,527 shares of common stock acquired through the Questcor Pharmaceuticals, Inc. 2003 Employee Stock Purchase Plan on March 31, 2005.
- Options granted under the Questcor Pharmaceuticals, Inc. 1992 Employee Stock Option Plan.
- Options vest monthly over 48 months from date of grant. The options have a six month cliff whereby no options vest until after the sixth month.

/s/ David J. Medeiros

10/20/2005

** 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.