FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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* Medeiros David Jeffrey					QU	2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QCOR]									. Relationsh Check all ap Dire	ssuer Owner				
			**************************************		- -	[QCOK]									X Office below	cer (give title w)		Other (specify below)		
(Last) (First) (Middle) 1300 NORTH KELLOGG DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 02/24/2013								EVP and CTO						
SUITE D		JOGO DIG VE			02/	24/2	2013													
		4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street) ANAHE	IM CA	Δ (92807		02/26/2013							-	X Form filed by One Reporting Person							
ANAIL		1			-										Form filed by More than One Reporting Person					
(City)	(St	ate) ((Zip)																	
		Tabl	le I - No	n-Deriv	/ative	Se	curitie	es Acc	quired,	Dis	posed o	f, or	Bene	ficia	ally Own	ed				
				2. Transaction Date (Month/Day/Year)		ır) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis		Disposed	Securities Acquired (A) sposed Of (D) (Instr. 3,			nd Secu Bene	icially d Following	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	Trans	Transaction(s) (Instr. 3 and 4)			(111311.4)	
Common Stock ⁽¹⁾					02/24/2013				A		17,593	3 ⁽²⁾ A \$		\$	0	80,621		D		
Common Stock ⁽¹⁾					02/24/2013				A		18,250	60 ⁽³⁾ A		\$0		98,871		D		
Common Stock ⁽¹⁾				02/24/2013					A 18		18,250	(4)	Α	\$	0 1	117,121		D		
		Та									sed of, onvertib				y Owned		<u> </u>			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	n Date,	Code (Inst		on of		6. Date E Expiratio (Month/I	on Dat		nd 7. Title and Amount of Securities Underlying Derivative Security (Instant 4)		tr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership form:	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amo or Num of Sha	ber						

Explanation of Responses:

- $1.\ Restricted\ stock\ granted\ under\ the\ Questcor\ Pharmaceuticals,\ Inc.\ 2006\ Equity\ Incentive\ Award\ Plan.$
- 2. Represents a restricted stock award that provides for the vesting of 100% of shares one year from the date of grant.
- $3. \ Represents\ a\ restricted\ stock\ award\ that\ vests\ in\ four\ equal\ annual\ installments\ beginning\ on\ 2/24/2014.$
- 4. Represents a restricted stock award that vests subject to the achievement of certain performance-based criteria.

Remarks:

1. This amendment is being filed to reduce the number of shares of Common Stock acquired in Table I, Row 1, Column 4 by 6 shares due to a clerical error, and the amount of securities beneficially owned after the reported transaction in Table I, Column 5.

<u>/s/ David J. Medeiros</u> <u>04/12/2013</u>

** Signature of Reporting Person D

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.