FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL 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(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person* Whitcup Scott M							2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QCOR]								k all applic Directo	able) r	g Pers	10% Ow	ner	
(Last) 1300 NC SUITE I	300 NORTH KELLOGG DRIVE,				08	3. Date of Earliest Transaction (Month/Day/Year) 08/14/2014									below)	(give title		Other (s below)		
Street) ANAHEIM CA 92807					, 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line)	,					
(City)	(S	tate)	(Zip)																	
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action	ear)	ZA. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F	nt of s ally ollowing	Form (D) or	n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	mount (A) or (D)		ice	Transacti (Instr. 3 a	ion(s)			(111301.4)	
Common Stock 08/14/						2014		D ⁽¹⁾		4,183	4,183 D		(1)		0		D			
			Table II -						uired, D , option						wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, T		ransaction ode (Instr.		vative urities uired or oosed O) (Instr. and 5)	6. Date Exercisa Expiration Date (Month/Day/Year		of Securiti		ties 1g e Secu	[8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amo or Num of Shar	ber						
Stock Option (right to buy)	\$35.78	08/14/2014			D ⁽²⁾			13,530	(3)	0:	2/14/2022	Common Stock	13,5	530	(2)	0		D		
Stock Option (right to buy)	\$40.37	08/14/2014			D ⁽²⁾			3,803	(4)	0:	5/09/2022	Common Stock	3,8	03	(2)	0		D		
Stock Option (right to	\$34.86	08/14/2014			D ⁽²⁾			9,203	(4)	0:	5/23/2023	Common Stock	9,2	03	(2)	0		D		

Explanation of Responses:

- 1. Pursuant to Agreement and Plan of Merger, dated April 5, 2014 (the "Merger Agreement"), by and among Mallinckrodt plc ("Mallinckrodt"), Quincy Merger Sub, Inc. and Questcor Pharmaceuticals, Inc. ("Questcor"), Mallinckrodt acquired Questcor in a merger transaction (the "Merger") which closed at 4:30 p.m. EST, on August 14, 2014 (the "Effective Time"). At the Effective Time, each share of Questcor common stock (except for certain shares defined in the Merger Agreement) converted into the right to receive, without interest, (a) \$30.00 in cash and (b) 0.897 of an ordinary share of Mallinckrodt, in exchange for such share of Questcor common stock ("Merger Consideration").
- 2. Pursuant to terms of the Merger, at the Effective Time, each Questcor stock option, whether vested or unvested, held by Questcor non-employee directors converted into the right to receive the Merger Consideration with respect to each share of Company common stock subject to such option immediately prior to the effective time of the Merger, net of the applicable exercise price.
- 3. The stock option is exercisable and vests in equal monthly installments over 48 months from the grant date of February 15, 2012.
- 4. Fully exercisable.

Remarks:

/s/ Scott M. Whitcup

08/18/2014

** 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.