FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL						
	OMB Number:	3235-0287						
l	Estimated average burden							
l	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 or Section 30(h) of the Investment Company Act of 1940

					01 0	Jectioi	1 30(11)	or tric	IIIVCStill	CIII C	Jilipally Act	01 1540									
1. Name and Address of Reporting Person* Fares James Lawrence						2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [ QSC ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner     Officer (give title Other (specify))					
						3. Date of Earliest Transaction (Month/Day/Year) 05/11/2006										X Officer (give title Other (specify below) below)  President & CEO					
(Street) UNION CITY CA 94587				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)													Person								
		Tab	le I - No			_			quired	l, Di	sposed o	<u> </u>									
Date			Date	Transaction ate Ionth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		ed (A) oi	nd 5)	Securiti Benefic Owned	5. Amount of Securities Beneficially Dwned Following Reported		Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	•	Transac (Instr. 3	tion(s)			,		
Common Stock				05/11/2006				A		31,700	A	\$1	51.75 5		21,500			See Footnote <sup>(1)</sup>			
Common Stock				05/11/	i			A		13,300	A	\$1	1.76 534		4,800			See Footnote <sup>(1)</sup>			
Common Stock 05/11.				05/11/	2006				Α		4,000	A	\$1	\$1.72 53		38,800		D			
Common Stock 05/11/20				2006				A		900	A	\$1	L.7	539	9,700		D				
Common Stock 05/11/20				2006				A		6,860	A	\$1	.73	540	6,560		D				
Common Stock 05/11/200				2006				A		8,000	A	\$1	.75	554,560			D				
Common Stock 05/11/20				2006				Α		3,000	A	\$1.7	7499	55'	7,560		D				
Common Stock 05/11/20				2006				A	15,000 A \$1.75		.75	572,560			I I	Held by the Fares Family Trust					
Common Stock 05/11/2				2006				A	2,400 A \$1.8 574,960		4,960	I		Held by the Fares Family Trust							
Common Stock 05/11/20				2006	006			A		17,600	0 A \$1.7824		7824	592,560			I 1	Held by the Fares Family Trust			
		Ta	able II -								osed of,				Owned						
1. Title of 2. 3. Transaction Date Execution Date, if any			4. Transa	ransaction		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y   0	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
			Code	Code V (A)		(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares										

## **Explanation of Responses:**

 $1.\ Shares\ purchased\ by\ the\ account\ Kerstin\ M.\ Fares\ Custodian\ for\ Nicholas\ James\ Fares\ UCAUTMA,\ an\ immediate\ family\ member\ of\ the\ Reporting\ Person.$ 

/s/ James L. Fares

05/15/2006

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.	