Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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* BLUTT MITCHELL J MD							2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [ QCOR ]								of Reporting cable) or r (give title	10% Owner		ner
(Last) (First) (Middle) 1300 NORTH KELLOGG DRIVE SUITE D					05/	3. Date of Earliest Transaction (Month/Day/Year) 05/04/2012								below			below)	Jisah Ia
(Street) ANAHEIM CA 92807				_   4. I _	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form Form	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(S		(Zip)															
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)					action	2/ Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4		l (A) or	5. Amo Securit Benefic Owned	unt of es ially Following	6. Own Form: (D) or I (I) (Inst	Direct Cluber of tr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			Instr. 4)
Common Stock 05/04/2					1/2012	012			М	М 11,4		A	\$10.1	6 11	,458	D		
Common Stock 05/04/2					1/2012	2012			M		115	A	\$10.1	0.16 11,573		D		
Common Stock 05/04/2					1/2012	:012			S	s 11,573		D	\$42.69	(1)	0	D		
		-	Fable II -						,		osed of, converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercis Expiration Date (Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C S F Illy C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to buy) <sup>(2)</sup>	\$10.16	05/04/2012			M			11,458	(3)		06/30/2020	Common Stock	25,000	\$0	13,542	2	D	
Stock Option (right to	\$10.16	05/04/2012			M			115	(4)		06/30/2020	Common Stock	5,000	\$0	4,885		D	

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$42.60-\$42.83, inclusive. The reporting person undertakes to provide Questcor Pharmaceuticals, Inc., any security holder of Questcor Pharmaceuticals, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this Footnote 1 of the Form 4.
- 2. Options were granted under the Questcor Pharmaceuticals, Inc. 2004 Non-Employee Director's Stock Option Plan.
- 3. The option was granted on 07/01/2010 for the right to buy 25,000 shares of common stock of the Issuer. The option provided for monthly vesting over 48 months from the date of grant.
- 4. Options were vested 100% on date of grant.

05/07/2012 /s/ Mitchell J. Blutt MD

\*\* 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.