FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	ES IN BEN	IEFICIAL (OWNERS	HIP

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

Name and Address of Reporting Person* Young David			<u>C</u>	2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QSC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specifications)			vner		
(Last) (First) (Middle) 8850 STANFORD BOULEVARD SUITE 2500			10	3. Date of Earliest Transaction (Month/Day/Year) 10/30/2009						X Office (give title Office (specify below) CHIEF SCIENTIFIC OFFICER					
(Street) COLUM (City)		tate)	21045 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)				Lin	e) X Form fil Form fil Person	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Transa Date			ransactio	<u> </u>		3. Transacti Code (Ins	tr.		ed (A) or str. 3, 4 and	5. Amour Securities Beneficia Owned For Reported	Form (D) or (I) (In	orm: Direct D) or Indirect) (Instr. 4)	7. Nature of ndirect Beneficial Ownership Instr. 4)		
						tive Securities Acquired, Disposed of, or Beneficially Owned uts, calls, warrants, options, convertible securities)									
Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any		Code (nsaction Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and of Securities Underlying Derivative S (Instr. 3 and		ies g Security	8. Price of Derivative Security (Instr. 5)	ive derivative y Securities	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	Title	Amount or Number of Shares		(Instr. 4)	(5)	
STOCK OPTION (Right to Buy) ⁽¹⁾	\$4.54	10/30/2009		A		350,000		(2)	10/30/2019	Common Stock	350,000	\$0	350,000	D	

Explanation of Responses:

- 1. Non-qualified stock options granted under the Questcor Pharmaceuticals, Inc. 2006 Equity Incentive Award Plan.
- 2. Options vest monthly over 48 months from the date of grant. The options have a twelve month cliff, whereby no options vest until after the twelfth month from the date of grant.

/s/ David Young 10/30/2009

** 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.