## FORM 4

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

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average b	ourden
houre per recogness.	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

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(Street) UNION (City)		A tate)	94587 (Zip)		4. If	f Ame	endment, I	Date	of Original F	Filed	(Month/Da	ay/Year)		6. Ind Line) X	Form fi	iled by One	e Rep	g (Check Ap orting Person	on
		Tal	ole I - Non	-Deriv	ative	e Se	curities	s Ac	quired, I	Disp	osed o	f, or Be	nefic	ially	Owned	<u> </u>			
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									Code	v	Amount	(A) o	r Pri	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
			Table II - E						uired, Di						Owned				
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## **Explanation of Responses:**

- 1. Options were granted under the Questcor Pharmaceuticals, Inc. 2004 Non-Employee Director Equity Incentive Plan.
- 2. The options vest monthly over 48 months from the date of the grant.
- 3. Options vest 100% on date of grant.

/s/ Neal C. Bradsher

01/04/2006

\*\* 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.