FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasnington,	D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
	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

Name and Address of Reporting Person* Hansen Albert						2. Issuer Name and Ticker or Trading Symbol QUESTCOR PHARMACEUTICALS INC [QSC]									onship of Reporting all applicable) Director Officer (give title)	10%	Issuer Owner er (specify	
(Last) 126 EAS	(Last) (First) (Middle) 126 EAST 56TH STREET, 24TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 12/16/2005									below)			below)	
(Street) NEW YC (City)	EW YORK NY 10022			4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following			6. Owner Form: Di (D) or Ind (I) (Instr.	rect Ind direct Be 4) Ov	7. Nature of Indirect Beneficial Ownership (Instr.				
							ľ	Code	v	Amount	(A) or (D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)		4)	4)			
Common Stock 12/16/20				005	5 12/16/2005)5	S		5,728	D	\$1.1	11	118,581 ⁽¹⁾		I ⁽¹⁾		Corporate oportunities and, L.,P.		
Common Stock 12/16/200				005	5 12/16/2005		S		30,872	D	\$1.1	64	641,673 ⁽²⁾		I ⁽²⁾	O Fu	Corporate poortunities and astitutional), P.			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, Transaction of curity or Exercise (Month/Day/Year) if any Code (Instr. Derivative						6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)					8. Prio Deriva Secur (Instr.	ative ity . 5)	derivat Securit Benefic Owned Follow Report	ties cially I ing ted action(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares	1						

Explanation of Responses:

1. These shares are owned directly by Corporate Opportunities Fund, L.P. Mr. Hansen is a manager of SMM Corporate Management, LLC, the general partner of Corporate Opportunities Fund, L.P. and a limited partner of Corporate Opportunities Fund, L.P. He disclaims any beneficial ownership of such shares except to the extent of his pecuniary interest in therein.

2. These shares are owned directly by Corporate Opportunities Fund (Institutional), L.P. Mr. Hansen is a manager of SMM Corporeate Management, LLC, the general partner of Corporate Opportunities Fund (Institutional), L.P. and a limited partner of Corporate Opportunities Fund (Institutional), L.P. He disclaims any beneficial ownership of such shares except to the extent of his pecuniary interest in therein.

Al Hansen

12/19/2005

** 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.