FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	pe Response													5 D 1	l.i. CD	P	(-) : T		
1. Name and Address of Reporting Person* PADOVANI ROBERTO						2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2003									X Officer (give title below) Other (specify below) Executive Vice President and					
(Street)					4. If Amendment, Date Original Filed(led(Mon	th/Day/Y	(ear)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui								ired, Disp	osed of, or I	Beneficially	Owned				
1.Title of Security (Instr. 3)			Date	Date (Month/Day/Year) E		2A, Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5) Amount (A) or (D) Pr			(D)	Beneficial	lly Owned For Transaction(Owned Following Cansaction(s)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder:	Report on a s	separate line	for each c						Pers cont the f	ons w ained orm di	ho res in this isplay	forrs a c	n are	not requesting noting valid	OMB conf	ormation spond unle trol numbe	ss	1474 (9-02)	
						vative Secui puts, calls,								ly Owned	_				
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Transacti Date (Month/Day	YYear) E	A. Deemed recution Date, y Month/Day/Yea	ĺ	Code (Instr. 8)		Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expirat	ration Date Day/Year) Expiration		Amo Und Secu	itle and bunt of erlying irities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Benefic Owners (Instr. 4	
						Code V	V (A			e rcisable			Title	Amount or Number of Shares					
Repor	ting O	wners																	
Reporting Owner Name /					Relationships														
Address			Director	10% Owner	Officer						Other								
PADOVANI ROBERTO					Executive Vice Presiden					and									
Signa	tures																		
By: Nor	een F. Bur	ns, Attorne	v-in-Fa	et For: Re	bert	to Padova	ni		05	/20/20	003								

Date

Explanation of Responses:

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

**Signature of Reporting Person

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The common stock issued under the terms of the Company's Executive Retirement Matching Contribution Plan, a tax conditioned plan, is exempt under Rule 16b-3. The shares are held in a grantor trust and stock is the only permissable form of distribution under the Plan.
- (2) The shares were acquired through the dividend reinvestment provision of the Company's Executive Retirement Contribution Matching Plan.
 - The rights awarded under the Company's Executive Retirement Matching Contribution Plan will be eligible for distribution upon termination and vest according to the
- (3) following schedule: 100% at age 65 with acceleration provisions (1) at the rate of 25% per year for each subsequent year of participation, (2) after the individual reaches age 61, or (3) if they have more than 10 years of service.

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

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.