longer subject to

Form 5 obligations

may continue. See

Instruction 1(b).

### UNITED STATES SECURITIES AND EXC Washington, D.C. 20549

| 40               | OMB N (     |
|------------------|-------------|
| HANGE COMMISSION | OMB APPROVA |

3235-0287 OMB Number: Estimated average burden hours per response... 0.5

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Section 16. Form 4 or Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| V 71                                                                                                                                                        | e Responses)                                        |                      |                                                                                                                                             |                                                      |                                                                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                                                                                |                                          |                        |                                 |                                                                                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person POLEK ERIN L  (Last) (First) (Middle)  5775 MOREHOUSE DR.  (Street)  SAN DIEGO, CA 92121-1714  (City) (State) (Zip) |                                                     |                      | 2. Issuer Name and Ticker or Trading Symbol     QUALCOMM INC/DE [QCOM]      3. Date of Earliest Transaction (Month/Day/Year)     11/30/2018 |                                                      |                                                                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner                                                    |                                          |                        |                                 |                                                                                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                             |                                                     |                      |                                                                                                                                             |                                                      |                                                                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X_Officer (give title below) Other (specify below)  SVP Corporate Controller & CAO                  |                                                                                                                                                |                                          |                        |                                 |                                                                                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                             |                                                     |                      |                                                                                                                                             | 4. If Amendment, Date Original Filed(Month/Day/Year) |                                                                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | 6. Individual or Joint/Group FilingCheck Applicable Line)  X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person |                                          |                        |                                 |                                                                                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                             |                                                     |                      | (Zip)                                                                                                                                       | Table I - Non-Derivative Securities Acqu             |                                                                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                                                                                |                                          |                        |                                 |                                                                                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1.Title of Security<br>(Instr. 3)                                                                                                                           |                                                     |                      | 2. Transaction<br>Date<br>(Month/Day/Year                                                                                                   |                                                      | emed<br>on Date, if<br>(Day/Year)                                                     | 3. Tr<br>Code<br>(Instr                 | ansaction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)                                   |                                                                                                                                                | 5. Amount of Se                          |                        | ecurities Beneficially          |                                                                                                             | 6.                                                         | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                             |                                                     |                      |                                                                                                                                             |                                                      | ,                                                                                     |                                         | ode V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Amount (A) or (D)                                                                                   | Price                                                                                                                                          | `                                        |                        |                                 | (Instr. 4)                                                                                                  |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Reminder: Re                                                                                                                                                |                                                     |                      |                                                                                                                                             |                                                      |                                                                                       |                                         | in this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ns who respon<br>form are not re<br>ently valid OMI                                                 | equired                                                                                                                                        | d to re                                  | spond u                |                                 |                                                                                                             |                                                            | 1474 (9-02)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1. Title of                                                                                                                                                 | 2.<br>Conversion                                    | Transaction     Date | 3A. Deemed                                                                                                                                  | (e.g., put                                           | s, calls, wa                                                                          | arrant                                  | in this<br>a curr<br>quired, Disp<br>is, options, of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of form are not re-<br>ently valid OME<br>posed of, or Bene-<br>convertible secur-<br>ercisable and | equired 3 contro ficially ( ities) 7. Tit                                                                                                      | Owned                                    | spond unber.           | 8. Price of                     | form display  9. Number of                                                                                  | is 10.                                                     | 11. Nati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                                                                                         |                                                     |                      | 3A. Deemed<br>Execution Date, if                                                                                                            | 4. Transac Code                                      | s, calls, wa<br>5. Nur<br>of<br>Deriv.<br>Secur<br>Acqui<br>(A) or<br>Dispo<br>of (D) | mber<br>ative<br>ities<br>ired<br>r     | in this<br>a curr<br>quired, Disp<br>ss, options, c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | of form are not recently valid OME  cosed of, or Benevertible secure  crisable and  Date            | equired 3 control eficially ( ities)  7. Titl of Un Secur                                                                                      | Owned                                    | spond unber.  d Amount | 8. Price of                     | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s | Owners Form of Derivati Security Direct ( or Indirect) (I) | 11. Nation of Indirection of Section 11. Nation of Indirection of Section 11. Nation of Indirection of Indirect |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                                                                                         | Conversion<br>or Exercise<br>Price of<br>Derivative | Date                 | 3A. Deemed<br>Execution Date, if<br>any                                                                                                     | 4. Transac Code                                      | 5. Num tion Deriv. Secur Acqui (A) on Dispo                                           | mber<br>ative<br>ities<br>ired<br>resed | in this a curr quired, Dispose, options, of the Exception of the Exception of the Exception of the Expiration of the Exp | of form are not recently valid OME  cosed of, or Benevertible secure  crisable and  Date            | equired 3 control eficially ( ities)  7. Titl of Un Secur                                                                                      | Owned the and anderlying rities          | spond unber.  d Amount | 8. Price of Derivative Security | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported                  | Owners Form of Derivati Security Direct ( or Indire        | 11. Nation of Indirection of Section 11. Nation of Indirection of Section 11. Nation of Indirection of Indirect |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                                                                                         | Conversion<br>or Exercise<br>Price of<br>Derivative | Date                 | 3A. Deemed<br>Execution Date, if<br>any                                                                                                     | 4. Transac Code                                      | tion of Deriv.  Secur Acqui (A) or Dispo of (D) (Instr.                               | mber<br>ative<br>ities<br>ired<br>resed | in this a curr quired, Disj. s, options, c 6. Date Expiration (Month/Da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of form are not reently valid OME  posed of, or Bene convertible secur  ercisable and  Date y/Year) | equired<br>3 control<br>ficially<br>fities)  7. Titi<br>of Un<br>Secur<br>(Instr.                                                              | Owned the and anderlying rities to 3 and | spond unber.  d Amount | 8. Price of Derivative Security | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s | Owners Form of Derivati Security Direct ( or Indirect) (I) | 11. Nation of Indirection of Section 11. Nation of Indirection of Section 11. Nation of Indirection of Indirect |

## Reporting Owners

|                                                                | Relationships |              |                                |       |  |
|----------------------------------------------------------------|---------------|--------------|--------------------------------|-------|--|
| Reporting Owner Name / Address                                 | Director      | 10%<br>Owner | Officer                        | Other |  |
| POLEK ERIN L<br>5775 MOREHOUSE DR.<br>SAN DIEGO, CA 92121-1714 |               |              | SVP Corporate Controller & CAO |       |  |

# **Signatures**

| By: David Zuckerman, Attorney-in-Fact For: Erin L. Polek | 12/03/2018 |
|----------------------------------------------------------|------------|
| **Signature of Reporting Person                          | Date       |
|                                                          |            |

## **Explanation of Responses:**

- 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).
- (1) Each Restricted Stock Unit is the economic equivalent of one share of Qualcomm common stock and is converted into common stock upon vesting.
- (2) The Restricted Stock Units (and allocable dividend equivalents) vest one-third on November 20, 2019, and the remaining balance vests semi-annually thereafter.

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.