# FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
nours per response	e 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													
1. Name and Address of Reporting Person* SULPIZIO RICHARD			2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM]				5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
(Last	)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/30/2002			-	Office	r (give title belo	w)(	ther (specify be	elow)		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					<del>(</del>	6. Individual or Joint/Group Filing(Check Applicable Line)  X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City	r)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned						Owned				
1.Title of S (Instr. 3)	Title of Security 2. Transaction Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year) Cod (Ins		. Transact Code (Instr. 8)	(A) or Disposed of (D)		(D) I	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Beneficia Direct (D) or Indirect (I) (Instr. 4)		
Reminder:	Report on a s	separate line for	each class of secur	rities beneficially	owne	F	Persons wh	ho respon						474 (9-02)
Reminder:	Report on a s	separate line for	Table II -	Derivative Secu	rities	Acquire	Persons who contained in the form disposed	ho respond in this form splays a coof, or Bene	n are urren ficiall	not requ itly valid	ired to res	ormation spond unlestrol number	s	474 (9-02)
	Ŷ		Table II -	Derivative Secu (e.g., puts, calls,	rities warra	Acquired ants, opt	Persons when the contained in the form displayed in the content of	ho respondin this form splays a coof, or Bene tible securi	n are urren ficiall ities)	not requ itly valid y Owned	iired to res OMB cont	spond unles rol number	:s	, , ,
1. Title of Derivative Security	Ŷ	3. Transaction	Table II - (  3A. Deemed Execution Day any	Derivative Secu	rities warra 5. Nu of De: Sec Ac. (A) Dis of (In:	Acquired rants, opt	Persons who contained in the form disposed	ho responding this form splays a coof, or Bene retible securion conditions on Date	ficially ficially fities)  7. Tit Amou Unde Secur	not requested and sount of earlying	OMB cont	spond unles	f 10. Ownersh Form of Derivativ Security Direct (I or Indire	11. Naturip of Indire Beneficire Ownersh (Instr. 4)

### **Reporting Owners**

D ( O N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SULPIZIO RICHARD						
	X					
,						

## **Signatures**

By: /s/ Noreen E. Burns, Attorney-In-Fact For: Richard Sulpizio	07/02/2003
**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) 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.
- The rights awarded under the Company's Executive Retirement Matching Contribution Plan will be eligible for distribution upon termination and vest according to the (2) 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.