longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## Washington, D.C. 20549

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

# 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

(Print or Type Responses)  1. Name and Address of Reporting Person *  JACOBS IRWIN M			2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 5775 MOREHOUSE DR. (Street) SAN DIEGO, CA 92121-1714			3. Date of Earliest Transaction (Month/Day/Year) 09/30/2003						X Director 10% Owner X Officer (give title below) Other (specify below) Chairman & CEO					
			4. If Amendment, Date Original Filed(Month/Day/Year)						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) (State) (Zip)			Table I - Non-Derivative Securities Acq					s Acquired,	uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea		2A. Deemed Execution D any (Month/Day		e, if C	ode nstr. 8)	4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)  (A) or Amount (D)	f (D) Owne Trans		ecurities Berng Reported	(   H   I   (	Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								form are not re			inless the	form display	/S	
			Table II				a curr	ently valid OMB	control nu	umber.	inless the	form displa	/s	
Derivative Security	2. Conversion or Exercise Price of Derivative Security		Table II  3A. Deemed Execution Date, if any (Month/Day/Year)	(e.g., pt 4. Transac Code	5. See Add (A Di of (II	mber erivativ curities equired ) or sposed (D) sstr. 3,	Acquired, Dispants, options, c  6. Date Exerce Expiration Date (Month/Day/	ently valid OMB cosed of, or Benef convertible securit isable and te	control nu	ed Amount	8. Price of	9. Number on Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Tol. Ownersh Form of Derivati Security Direct (I or Indire	Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., pt 4. Transac Code	tion Nin of Do Se Ad Di of (In 4,	mber erivativ curities equired of or sposed (D)	a curred, Disparants, options, c  6. Date Exerc Expiration Date (Month/Day/*)  Date Exercisable	ently valid OMB cosed of, or Benef convertible securit isable and te	icially Own ties)  7. Title and of Underly Securities	ed Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	To Ownersh Form of Derivati Security Direct (I or Indirect) (I)	of Indire Benefici Ownersh (Instr. 4)

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
JACOBS IRWIN M 5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714	X		Chairman & CEO			

## **Signatures**

By: Noreen E. Burns, Attorney-in-Fact For: Irwin M. Jacobs	10/01/2003
**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).
- 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 following schedule:

(2) 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.