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						

5. Relationship of Reporting Person(s) to Issuer

Director

(Check all applicable)

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

1. Name and Address of Reporting Person*

(Print or Type Responses)

ALTMAN STEVEN R

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

2. Issuer Name and Ticker or Trading Symbol

QUALCOMM INC/DE [QCOM]

5775 MO	REHOUS	(First) E DR.		3. Date of Earliest Transaction (Month/Day/Year) 12/31/2004					X Officer (give title below) Other (specify below) President, QCOM Tech Licensing							
CANDI	1GO G1 0	(Street)	4	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						
SAN DIE	.GO, CA 9	2121-1714										•				
(City)	(State)	(Zip)			Tabl	le I -	Non-Deriv	ative Secu	rities Acqı	iired, Dis	posed o	of, or Ben	neficially Ow	ned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		e, if Co	(Instr. 8)			sed of (D)	Transaction(s) (Instr. 3 and 4)			ted	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: I	Report on a s	eparate line for eac	th class of securities	Derivative	Seci	urities A	Acqu	Persons contain form dis	s who res ed in this splays a o	currently Beneficial	not required	uired t IB con	to respor	nd unless t		474 (9-02)
Derivative Security		version Date Execution Date (Month/Day/Year) any (Month/Day	3A. Deemed Execution Date, i	4. Transac Code	5. Number of 6. Da and F		6. Date Ex and Expira	otions, convertible sec 5. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amour of Underlying Securities (Instr. 3 and 4)		Derivative	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivativ Security Direct (I or Indire	(Instr. 4)	
				Code	V	(A)	(D)	Date Exercisabl	Expirati e Date	on Title	or	ount nber res				
Phantom Stock Unit (1)	\$ 1	12/31/2004		A		2,512		<u>(2)</u>	(3)	Comr	17.	512	\$ 43.415	26,228.53	4 I	by Grantor Trust (1)

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ALTMAN STEVEN R							
5775 MOREHOUSE DR.			President, QCOM Tech Licensing				
SAN DIEGO, CA 92121-1714							

Signatures

By: Noreen E. Burns, Attorney-in-Fact For: Steven R. Altman	01/04/2005
**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 following (2) 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.
- (3) The rights awarded under the Company's Executive Retirement Matching Contribution Plan will be eligible for distribution upon termination.

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.