FORM 4

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

| OMB APPROV | 'AL |
|--------------------------------------|-----------|
| OMB Number: Estimated average bur | 3235-0287 |
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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

| | ne Responses |) | | | | | | | | | | | | | |
|--|---|--|--|---|------|--|--|---|---|--|---|------------------------|---|--|---|
| 1. Name and Address of Reporting Person* KAHN ROBERT E (Last) (First) (Middle) 5775 MOREHOUSE DR. | | | | 2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM] 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2005 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner | | | | |
| | | | | | | | | | | | Officer (give | e title below) | Oth | er (specify belo | w) |
| (Street) SAN DIEGO, CA 92121-1714 | | | _X_ | | | | | | | 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 Acqu | | | | | | s Acquired | lired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | 2A. Deemed Execution Da r) any (Month/Day/Y | | Date, if Code (Instr. 8 | | 8) (A | Securities Acqual or Disposed of the next of the securities Acqual or Disposed of the next of the securities Acquain or Disposed of the next of the securities Acquain or Disposed or Disp | f (D) Ow Tra | | ecurities Be ing Reported | 1 | Form: | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | in this f | who respond orm are not re a currently v | equired to | respond | unless the | | ed SEC | 1474 (9-02) |
| | | | | | | | • | | sed of, or Bene evertible securi | • | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if | 4. Transaci Code | tion | lls, warr 5. Numb | eants, per ative es d (A) osed | 6. Date Exe Expiration 1 (Month/Day | vertible securi rcisable and Date | ties) | nd Amount ying | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction | Ownersl Form of Derivati Security Direct (I or Indirects) (I) | Ownershi (Instr. 4) |
| Derivative Security | Conversion or Exercise Price of Derivative | Date | 3A. Deemed Execution Date, if any | 4. Transaci Code | tion | Ils, warr 5. Numb of Derive Securitie Acquired or Dispo of (D) (Instr. 3, | eants, per ative es d (A) osed | 6. Date Exe Expiration 1 (Month/Day | retible securi reisable and Date //Year) | 7. Title ar of Underl Securities | nd Amount ying | Derivative Security | Derivative Securities Beneficially Owned Following Reported | Ownersl Form of Derivati Security Direct (I or Indire | nip of Indirec Beneficia Ownershi (Instr. 4) |

Reporting Owners

| | Relationships | | | | |
|---|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| KAHN ROBERT E 5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714 | X | | | | |

Signatures

| By: Noreen E. Burns, Attorney-in-Fact For: Robert E. Kahn | 03/10/2005 |
|---|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- \star 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 options vest 10% on the six month anniversary of the date of grant and the remaining balance vests monthly thereafter. The option is fully vested five years after the date of grant.

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.