FORM 4

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

OMB APPROVAL
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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

(Print or Typ	e Responses)																	
1. Name and Address of Reporting Person – BLECKER MARVIN				2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) 5775 MOREHOUSE DR.				3. Date of Earliest Transaction (Month/Day/Year) 08/09/2005								X Officer (give title below) Other (specify below) VP							
(Street)				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							
		2121-1714												min incu oy	wore than one	reporting reiso			
(City))	(State)	(Zip)				Table I	- Non-	Der	rivative	Securiti	es Acqu	ired,	Disposed	of, or Bene	ficially Owr	ed		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)						Code (Instr.	nsaction 8)	- 1	4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	of (D) Owned Transac		ount of Securities Beneficially d Following Reported action(s) 3 and 4)		6. Ownershi Form: Direct (D	p of l Bei	7. Nature of Indirect Beneficial Ownership	
						Coc	le V	V .	Amount	(A) or (D)	Price	Ì				or Indirection (I) (Instr. 4)			
Common Stock 08/09/2005			08/09/2005			M	[8,000	A	\$ 29.21	8,636		D					
Common Stock 08/09/2005			08/09/2005			S	D		8,000	D	\$ 39.21	636	636		D				
Common Stock												3,902			I	by (2)	Trust		
Reminder: R	Report on a se	eparate line for each	class of securities l	Derivati	ve Se	curi	ties Acq	Per in t dis uired,	rso this pla Dis	ons who s form a ays a cu posed of	re not rrently , or Ben	require valid C	d to i	respond control i	unless the	tion contai e form	ned SE	C 147	4 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. f Transaction Code (Instr. 8)		5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title of Und Securi	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owne Form Derive Secur Direct or Ind	of ative ty: (D) irect	11. Naturof Indirec Beneficia Ownershi (Instr. 4)		
				Code	V	(A)	(D)	Date Exerci	sab	Expir Date	ration	Title		Amount or Number of Shares					
Non- Qualified Stock Option (right to buy)	\$ 29.21	08/09/2005		М			8,000	Œ	3)	11/2	9/2011	Com		8,000	\$ 0	110,334	Г		

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BLECKER MARVIN 5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714			VP				

Signatures

By: Noreen E. Burns, Attorney-in-Fact For: Marvin Blecker

08/10/2005

**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 disposition of shares was conducted under a 10b5-1 Plan, as defined under the Securities Exchange Act of 1934, as amended.
- (2) Securities held by Marvin Blecker and Toby R. Blecker as Trustees of the Marvin Blecker and Toby R. Blecker Trust UTA dtd 6/24/88.
- (3) The options vest 10% on the six month anniversary of the date of grant and the remaining balance vests monthly thereafter, adjusted for any leaves of absence and previously exercised options prior to becoming an affiliate. The option is fully vested five years after the date of grant, adjusted for any leaves of absence.

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.