FORM 4

Check this box if no 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

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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

oonses)	*								5	Dalationship	of Donortin	Parson(s) to	Iconor	
1. Name and Address of Reporting Person— JACOBS PAUL E (Last) (First) (Middle)			2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM]							(Check all applicable) _X_ Director10% Owner				
OUSE DR.		(Middle)				ısactio	on (Month/D	ay/Year)		X_Officer (give				1)
			4. If Am	endr	nent, Date	Origi	inal Filed(Moi	nth/Day/Year)		X_ Form filed by O	ne Reporting P	erson	pplicable Line	
		(Zip)			Т	able I	- Non-Deri	vative Securition	es Acquir	ed, Disposed o	f, or Benefi	cially Owned		
		2. Transaction Date (Month/Day/Year	Execut any	tion	ed 3 Date, if	3. Trar Code Instr.	8) (I	Securities Acq A) or Disposed onstr. 3, 4 and 5)	uired 5. O Tr	Amount of Se wned Followin ransaction(s)	curities Ben	eficially 6	Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
on a separate	line for each (- Deriva	tive	Securities	s Acq	Persons in this f a currer	orm are not rently valid OME	equired t B control eficially O	o respond u number.				1474 (9-02)
ersion Date		any	Code		Securities Acquired (A)		Expiration Date of (Month/Day/Year) Se (In		7. Title a of Under Securitie	of Underlying Securities		Derivative Securities Beneficially Owned Following Reported	Ownersl Form of Derivati Security Direct (I or Indire	Ownersh (Instr. 4)
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
4.02 11/	/04/2005		A		900,000	0	(1)	11/03/2015		1900 000	\$ 0	900,000	D	
e I C e e c a ii	ess of Report E OUSE DR (Su CA 92121- (St on a separate and a separate (Monorative ty)	ess of Reporting Person* E (First) DUSE DR. (Street) CA 92121-1714 (State) on a separate line for each ersion Date (Month/Day/Year)	Ess of Reporting Person LE (First) (Middle) DUSE DR. (Street) CA 92121-1714 (State) 2. Transaction Date (Month/Day/Year) Table II Table II Table II (Month/Day/Year)	2. Issue QUAL (First) (Middle) 3. Date of 11/04/2 (Street) 4. If Am CA 92121-1714 (State) (Zip) 2. Transaction Date (Month/Day/Year) on a separate line for each class of securities beneficially any (Month Date (Month/Day/Year)) Table II - Derivar (e.g., pt. any (Month/Day/Year)) (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Code Code	2. Issuer Now QUALCO (Street) CA 92121-1714 (State) 2. Transaction Date (Month/Day/Year) Table II - Derivative (e.g., puts, other in the put of the p	2. Issuer Name and T QUALCOMM INCOMES DR. 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Individual or Joint/Group Filing/Check Applicable Line/Semantial by More than One Repetting Person Form filed by More Reporting Person Form filed by More than One Reporting Person Form filed by More Reporting Person Form filed by

			Relationships	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
JACOBS PAUL E 5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714	X		Chief Executive Officer	

Signatures

By: Noreen E. Burns, Attorney-in-Fact For: Paul E. Jacobs	11/08/2005
**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 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.	