longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

instruc	tion I(b).				11	100	Stillelit	сотр	arry .	1101 01	1770									
	e Responses																			
1. Name and Address of Reporting Person * Johnson Margaret L					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. (Street)					3. Date of Earliest Transaction (Month/Day/Year)									X_ Officer (give title below) Other (specify below) President, QIS						
					11/04/2005 4. If Amendment, Date Original Filed(Month/Day/Year)								6 In	6. Individual or Joint/Group Filing(Check Applicable Line)						
		(Silect)			4. II AII	lena	mem, Da	te Orig	шаг г	Heu(Mon	ith/Day/Year)		_X_1	Form filed by O	ne Reporting P	erson	Applicable Li	1e)		
SAN DIEGO, CA 92121-1714													r	Form filed by More than One Reporting Person						
(City) (State) (Zip)							Table 1	I - No	on-Derivative Securities Acqu				Disposed o	of, or Benefi	icially Owne	d				
(Instr. 3) Date			2. Transaction		2A. Deemed Execution Date, if			nsacti		Securities Acq		5. Amount of Securities Beneficially Owned Following Reported				7. Natu of Indi				
			(Month/Day/Yea	any			(Instr.	8)		nstr. 3, 4 and 5)		Tran	Transaction(s)			Form:	Benefi	Beneficial		
				(Month/Day/Year)								(Inst				Direct (D) or Indirect		Ownership (Instr. 4)		
								Cod	le l	V A	mount (A) or (D)	Price								
										.	(-)	1	1				(Instr. 4)		_	
Reminder: R	Report on a se	eparate line fo	r each o	class of securities b	eneficial	ly ov	wned dire	ectly or		_		-14-4		U4:	! 		-d CEC	3.1.47.4.77	2.02)	
									in	this fo	who respon orm are not r	equire	ed to i	respond u				C 1474 (9	1-02)	
									a	curren	ntly valid OMI	3 con	trol n	umber.						
				Table II							sed of, or Bene		y Own	ed						
1. Title of	2.	3. Transactio	n	3A. Deemed	(e.g., p	uts,	5. Num				vertible secur reisable and		tle and	Amount	8. Price of	9. Number	of 10.	11	. Natu	
Derivative Security	Conversion	Date		Execution Date, if	Transaction D			Perivative		xpiration Date			of Underlying		Derivative		Owner	ship of l	Indire	
	or Exercise Price of	(Month/Day/Year)		any (Month/Day/Year)	(Instr. 8) Acq			uired (A)		nth/Day	// Y ear)	Securities (Instr. 3 and 4)		d 4)	(Instr. 5)		Form of Deriva	tive Ow	nefici: vnersh	
	Derivative Security				or Disp (D)												Securit Direct		str. 4)	
						(Instr. and 5)											or Indi			
														Amount		(Instr. 4)	(Instr.	4)		
									Date		Expiration	Title		or						
					Code V		(A)	(D)		Exercisable	Date			Number of Shares						
Non-																				
Qualified Stock	\$ 44.02 11/04/2005										C									
Stock Option			005		A	2	225,00	00	(1)		11/03/2015	Stock		225,000	\$ 0	225,000) D			
(right to																				
buy)																				
Report	ting O	wners																		
Relati				onships																
Reporting Owner Name / Address Director			tor 10% Owner	Officer			Other													
Johnson Margaret L																				
5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714					President, QIS															
SAN DIE	GO, CA 9.	2121-1/14																		
Signat	ures																			
By: Nore	en E. Burn	s, Attorney	-in-Fa	act For: Margar	et L. Jo	hns	son		11/0	08/200	15									
		**Signature of	f Reportir	ng Person					I	Date										
Evalor	ation	of Dogr	one	004																

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.	