FORM 4

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

OMB APPROVAL							
OMB Number:	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

	d Address of	Reporting Person*		2. Issuer	Nam	e an	d Ticke	er or Ti	rading	Symbo	ol		5. Rela	itionship	o of Reporti	ng Person(s)	to Issuer		
Johnson Margaret L				2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM]								(Check all applicable)Director10% Owner							
	(Last) (First) (Middle) 3. Date of 1 06/05/20					te of Earliest Transaction (Month/Day/Year) 5/2006							X Officer (give title below) Other (specify below) President, QIS						
		(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									
	GO, CA 9												rom	n med by	wore than One	Reporting Perso	n		
(City)	(State)	(Zip)				Table I	- Non	ı-Deri	vative	Securitio	es Acqui	ired, D	isposed	of, or Bene	eficially Own	ned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)			(Instr. 8)		(4	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership Form:	of In Bene	7. Nature of Indirect Beneficial			
				(Month/I	Day/Y	ear)	Coc	le	V A	mount	(A) or (D)	Price	(Instr. 3 and 4)					ership er. 4)	
Common	Stock		06/05/2006				М	1	2	,000	A	\$ 22.23	3,340			D			
Common	Stock		06/05/2006				SÚ	Ŋ	2	,000		\$ 46.59	1,340			D			
			Table II -					in di uired,	this isplay	form a s a cu	re not r rrently	required valid O	d to re MB co	spond ontrol r	of informa unless the number.	tion contai e form	ned SEC	C 1474	(9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if	4. Transac Code	tion	5. Nof Deri Secu Acq (A) Disp	vative urities uired or bosed D) cr. 3, 4,	Expiration Date of Ur Security (Month/Day/Year) dd (Instruction of Ur Security (Instruction Date)		7. Title of Und Securit	le and Amount derlying ities Security (Instr. 5) Ile and Amount derlying Derivative Security Securities Security Owned Following Reported Transaction (Instr. 4)			Owner Form of Deriva Securit Direct or Indi	ship of Heative (Carrier (D) rect	1. Natur of Indirect Beneficia Ownershi Instr. 4)			
				Code	V	(A)	(D)	Date Exerc		Expir Date	ation	Title	0 N 0	Amount or Number of Shares					
Non- Qualified Stock Option (right to buy)	\$ 22.23	06/05/2006		М			2,000		(2)	11/2	7/2013	Comm		2,000	\$ 0	242,168	3 D		

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Johnson Margaret L 5775 MOREHOUSE DR.			President, QIS					
SAN DIEGO, CA 92121-1714								

Signatures

By: Noreen E. Burns, Attorney-in-Fact For: Margaret L. Johnson	06/06/2006
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) Employee stock options granted under the Company's 2001 Stock Option Plan. The options vest 10% on the six month anniversary of the date of grant and the remaining balance vests monthly thereafter, adjusted for any previously exercised options prior to becoming an affiliate. 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.