FORM 4

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

OMB APPROVA	ıL
	235-0287
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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

(Print or Typ	de 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)Director10% Owner				
` '	TEL CORPUGICE DR				3. Date of Earliest Transaction (Month/Day/Year) 09/10/2007						X Officer (give title below) Other (specify below) President, QIS				
(Street) SAN DIEGO, CA 92121-1714				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)		(State)	(Zip)			Table	I - Non-De	ivative S	Securiti	es Acquired	quired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/Y		f Code (Instr		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D) Ov Tra	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed	Ownership Form:	7. Nature of Indirect Beneficial Ownership
				(Worth) D	vay/1 Ca	Co	ode V	Amount	(A) or (D)	Price	isti. 3 and -	,			lirect (Instr. 4)
Common	Stock		09/10/2007			M	(1)	200	A	\$ 17.47 4,8	871			D	
Reminder: F							conta form	ined in t displays posed of,	a curr or Ben	ently valid	required I OMB co		d unless the		1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	*****	3A. Deemed Execution Date, is	f Code	5. tion Nu of See Ac (A Di of	umber erivative curities equired) or sposed (D)	quired, Dis s, options, 6. Date Ex Expiration (Month/D	ined in t displays posed of, convertib ercisable Date	a curr or Ben ole secu	ently valid	required i OMB co	to respond ntrol numl	d unless the	of 10. Owners Form of Derivati Security Direct (or Indir	11. Nat of Indir Benefic Owners (Instr. 2
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, is	f Code	tion Nu of Se Ac (A Di of (Ir	mber erivative curities equired of or sposed (D) (D) (Str. 3, and 5)	quired, Dis s, options, 6. Date Ex Expiration (Month/D	ined in tidisplays posed of, convertibe ercisable Date ay/Year)	s a curr , or Ben ole secu and	rently validate reficially Overities) 7. Title and of Underly Securities	required i OMB co	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	of 10. Owners Form of Derivati Security Direct (or Indirects)	11. Nat of Indir Benefic Owners (Instr. 2

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Johnson Margaret L			B 11 OIG		
5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714			President, QIS		

Signatures

By: Noreen E. Burns Attorney-in-Fact For: Margaret L. Johnson	09/11/2007
**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 transaction 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.