# 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

1. Name and															
1. Name and Address of Reporting Person – Johnson Margaret L			2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM]						5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director (Check all applicable)  10% Owner  X Officer (give title below)  President, QIS  6. Individual or Joint/Group Filing/Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(Last) (First) (Middle) 5775 MOREHOUSE DR.			Date of Earliest Transaction (Month/Day/Year)     09/14/2007      If Amendment, Date Original Filed(Month/Day/Year)												
(Street)															
SAN DIE	GO, CA 92	2121-1714								_	_ rottil filed by	wore man one	Reporting Perso		
(City	·)	(State)	(Zip)			Table I	- Non-De	rivative	Securition	es Acquire	ed, Disposed	of, or Bene	eficially Own	ied	
(Instr. 3)		2. Transaction Date (Month/Day/Year)			(Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		of (D) O	(D) Owned Follow Transaction(s)		) .		7. Nature of Indirect Beneficial	
				(Month/D	oay/Year	Cod	le V	Amoun	(A) or (D)	Price (I	or I		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		09/14/2007			М	-	3,000	A	\$ 17.47 7	7,871		D		
Common	Stock		09/14/2007			S <u>(1</u>	7	3,000	D	\$ 39.50 4	,871			D	
							in thi	s form	are not i	required t	collection of the collection o	unless th		ned SEC	1474 (9-02)
			Table II -	Derivativo (e.g., puts,			uired, Di	posed o	f, or Ben	eficially O	B control r	number.			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if	4. Transacti Code	5. No of Deri Secu Acq (A) Disp of (I	ivative urities uired or bosed D) tr. 3, 4,	uired, Di	posed o convert xercisab n Date	f, or Ben ible secur le and	eficially O	nd Amount lying s		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Security Direct ( or India	Ownersly: (Instr. 4) (D) eect
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transacti Code	5. No of Deri Secu Acq (A) Disp of (I (Ins.)	ivative urities uired or bosed D) tr. 3, 4,	uired, Dis , options, 6. Date E Expiratio	posed oconvert xercisab n Date day/Year	f, or Ben ible securalle and	eficially O rities)  7. Title are of Under	nd Amount lying s	8. Price of Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction	Owners Form o Derivat Securit Direct ( or Indir	ship of Indire f Benefici ive Ownersl (Instr. 4)

### **Reporting Owners**

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

## **Signatures**

	1	
By: Raul Fajardo, Attorney-in-Fact For: Margaret L. Johnson		09/17/2007
**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) 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.