FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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	e Responses	s)								1						
1. Name and Address of Reporting Person* JACOBS IRWIN M				2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM]						_x	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director					
(King (Middle) (Middle) 5775 MOREHOUSE DR.				3. Date of Earliest Transaction (Month/Day/Year) 11/05/2007							X_Officer (give title below) Other (specify below) Chairman of the Board					
SAN DIE	EGO, CA 9	(Street) 02121-1714	4	4. If Ame	ndm	ent, l	Oate Ori	iginal Filed(M	ionth/Day/Year)	_X_	Form filed by	One Reporting	ip Filing(Chec Person Reporting Perso		Line)	
(City	7)	(State)	(Zip)				Table l	I - Non-Deri	vative Securition	es Acquired	, Disposed	of, or Bene	eficially Ow	ned		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye.			2A. Deemed Execution Date any (Month/Day/Ye		ate, i	f Code (Instr	(A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	Securities Acq A) or Disposed on str. 3, 4 and 5) (A) or mount (D)	of (D) Own	5. Amount of Securitie Owned Following Rep Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of l Bei Ow	Nature Indirect neficial vnership str. 4)	
Reminder: I	Report on a s	eparate line for each						Person in this display	s who respor form are not r s a currently	required to valid OMB	respond control	unless th		ined SEG	C 147	74 (9-02)
			1			lls, v	arrants	s, options, co	osed of, or Ben invertible secui	rities)			1			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	Code		of Der Sec Acc (A) Disj of (posed D) tr. 3, 4,	Expiration Date (Month/Day/Year) of Set (In		of Underly Securities	7. Title and Amount of Underlying Securities Instr. 3 and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securi Direct or Indi	of tive ty: (D) rect	Beneficia Ownersh (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to buy)	\$ 3.90	11/05/2007		М			800	(1)	11/13/2007	. Common Stock	800	\$ 0	6,300	I		by Spouse
Non- Qualified Stock Option (right to buy)	\$ 3.90	11/05/2007		М			500	(1)	11/13/2007	Common Stock	500	\$ 0	5,800	I		by Spouse
Non- Qualified Stock Option (right to buy)	\$ 3.90	11/05/2007		М			500	(1)	11/13/2007	. Common Stock	500	\$ 0	5,300	I		by Spouse
Non- Qualified Stock Option (right to buy)	\$ 3.90	11/05/2007		М			400	(1)	11/13/2007	, Common Stock	400	\$ 0	4,900	I		by Spouse

Non- Qualified Stock Option (right to buy)	\$ 3.90	11/05/2007	M		4,500	(1)	11/13/2007	Common Stock	4,500	\$ 0	400	I	by Spouse
Non- Qualified Stock Option (right to buy)	\$ 3.90	11/05/2007	M		400	(1)	11/13/2007	Common Stock	400	\$ 0	0	I	by Spouse

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
JACOBS IRWIN M 5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714	X		Chairman of the Board					

Signatures

By: Noreen E. Burns, Attorney-in-Fact For: Irwin M. Jacobs	11/07/2007		
**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) Employee stock options granted under the Company's 1991 Stock Option Plan. The options vest in five equal annual installments beginning on November 14, 1998.
- (2) Securities held by Joan K. Jacobs, the reporting person's spouse.

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.