# FORM 4

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

OMB APPR	OVAL
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

1 Name and															
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)					
(Last) (First) (Middle) 5775 MOREHOUSE DR.			3. Date of Earliest Transaction (Month/Day/Year) 08/25/2008							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 92														
(City	)	(State)	(Zip)			Table I	- Non-Der	ivative S	Securiti	es Acquire	ed, Disposed	of, or Bene	eficially Own	ied	
(Instr. 3)		2. Transaction Date (Month/Day/Year)			Code (Instr.	(A) or I		or Disposed of (D) r. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Form:	Beneficial		
				(Month/D	Oay/Year)	Cod	le V	Amount	(A) or (D)	Price (I	(Instr. 3 and 4)		Direct (D) Owner or Indirect (Instr. (I) (Instr. 4)		
Common	Stock		08/25/2008			M		1,200	A	\$ 29.21 1	19,451		D		
Common	Stock		08/25/2008			S(1	)	1,000	D	\$ 54.72 1	5,451			D	
							in this	form a	re not i	required t	collection of to respond IB control r	unless the		ileu sec	14/4 (9-02)
			Table II -				uired, Disp	osed of,	or Ben	eficially O		iumber.			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	5. Notion of Deri Secu Acque (A) of Disp of (I	vative urities uired or cosed O) r. 3, 4,		osed of, onvertib ercisable Date	or Ben ole secur and	eficially O	Owned and Amount rlying ss	8. Price of Derivative Security (Instr. 5)		Owners Form o Derivat Securit Direct or India	f Benefici Ownersl (Instr. 4) (D) rect
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transact	s. calls, w. 5. N of Deri Secu Acque (A) of Disp of (I (Inst	vative urities uired or cosed O) r. 3, 4,	uired, Disp , options, c 6. Date Ex Expiration	posed of, onvertible ercisable Date ny/Year)	or Ben ole secun	eficially Orities)  7. Title a of Under Securities	Owned and Amount rlying ss	8. Price of Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction	Owners Form of Derivat Securit Direct of or India (s) (I)	ship of Indire f Benefici Ownersl y: (D) ect

### **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	08/26/2008
-*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.