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

OMB APPROVAL 3235-0287 OMB Number: 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	)															
1. Name and Address of Reporting Person * JACOBS IRWIN M				2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner					
(Last) (First) (Middle) 5775 MOREHOUSE DR.				3. Date of Earliest Transaction (Month/Day/Year) 07/27/2009							C	Officer (give	e title below)	Ot	her (specify be	low)	
(Street) SAN DIEGO, CA 92121-1714				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					ine)
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned						
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if ) any (Month/Day/Year)		f Code (Instr. 8	(Instr. 8)		4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)						6. Ownership Form: Direct (D)	Beneficial Ownership		
					Code	. V	Amoui	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)			
Common Stock		07/27/2009				G <sup>(1)</sup>	V	25,66	6 D	\$ 0	4,372	1,372,772			I	by Trust	
Common Stock		07/27/2009			M		27,20	0 A	\$ 41.75	4,399	4,399,972			I	by Trust		
Common Stock		07/27/2009						27,20	0 D	\$ 47	4,372	372,772			I	by Trust	
Common Stock											9,428,736		I	By GRAT			
Common Stock											9,428,736			I	by GRAT S		
Reminder: F	Report on a se	eparate line for each	class of securities b	peneficial	ly o	wned	directly o	Perse in thi	ons wh		require	d to re	spond	of informat unless the number.		ned SEC	2 1474 (9-02)
			Table II -							of, or Ben		Owne	d				
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction Date Securities Of Date Securities Of Date Securities Of Date Securities Of Date Securities		Expirati	Expiration Date of U (Month/Day/Year) Sect			f Underlying		(Instr. 5)	Derivative Securities Beneficiall Owned Following Reported Transaction	Owner Form of Deriva Securit Direct or Indi (I)	tive Ownersh (Instr. 4)  (D) rect					
				Code	V	(A)	(D)	Date Exercisa		piration te	Title		Amount or Number of Shares		(Instr. 4)	(Instr.	4)
Non- Qualified Stock Option (right to	\$ 41.75	07/27/2009		М			27,200	(5)	11	/11/2009	Com		27,200	\$ 0	271,400	0 D	

# **Reporting Owners**

buy)

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

## **Signatures**

By: Noreen E. Burns, Attorney-in-Fact For: Irwin M. Jacobs	07/28/2009	
**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) Securities held by Irwin M. Jacobs & Joan Klein Jacobs as Trustees of the Irwin Mark Jacobs & Joan Klein Jacobs Family Trust UTA dtd 6/2/80, as amended 6/30/92.
- (3) Securities held by Nicholas S. Oliva, Trustee of the Irwin Mark Jacobs' Grantor Retained Annuity Trust.
- (4) Stock options held by Nicholas S. Oliva, Trustee of the Joan Klein Jacobs' Grantor Retained Annuity Trust.
- (5) Employee stock options granted under the Company's 1991 Stock Option Plan. The options vest as to 1/60th of the total shares granted on each monthly anniversary beginning on December 12, 1999.

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.