FORM	4
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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).

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

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## 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 Type Responses)											
1. Name and Address of Repor MOLLENKOPF STEVE	U U	2. Issuer Name QUALCOM			Trading Symbo QCOM]	ol	5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) 5775 MOREHOUSE DR	(	3. Date of Earlie 08/10/2010	3. Date of Earliest Transaction (Month/Day/Year) 08/10/2010					XOfficer (give title below)         Other (specify below)           Executive Vice President			
(Street SAN DIEGO, CA 92121	, 	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			
(City) (State	) (Zip)		Table I - N	Non-l	Derivative Sec	urities	Acquir	ired, Disposed of, or Beneficially Owned			
1. Title of Security (Instr. 3)	Date H (Month/Day/Year) a	2A. Deemed Execution Date, if any Month/Day/Year)	Code	on	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ed (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	1	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	08/10/2010		F		6,065.0858	D	\$ 0	36,201.6282	D		
Common Stock	08/11/2010		S		10,468	D	\$ 38.66	25,733.6282	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02)

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (a.g., puts, calls, warrants, antions, convertible securities)

_	(e.g., puts, caus, warrants, options, convertible securities)															
	Title of				4.		5.		6. Date Exer					9. Number of		11. Nature
De	rivative	Conversion	Date	Execution Date, if	Transactio	on	Numb	ber	and Expiration	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Sec	curity	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(In	str. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative	· · · ·		Securities		(Instr. 5)	Beneficially	Derivative	Ownership
		Derivative					Secur	ities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
		Security					Acqui	red			4)			Following	Direct (D)	
							(A) 01							Reported	or Indirect	
							Dispo	sed						Transaction(s)	(I)	
							of (D)	)						(Instr. 4)	(Instr. 4)	
							(Instr.	3,								
							4, and	5)								
												Amount				
									<b>D</b> .	<b></b>		or				
										Expiration		Number				
									Exercisable	Date		of				
					Code	V	(A)	(D)				Shares				

## **Reporting Owners**

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
MOLLENKOPF STEVEN M 5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714			Executive Vice President						

## Signatures

By: Noreen E. Burns, Attorney-in-Fact For: Steven M. Mollenkopf	08/12/2010
**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).

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.