## 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				

5. Relationship of Reporting Person(s) to Issuer

Director

(Check all applicable)

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person\*

(Print or Type Responses)

PADOVANI ROBERTO

#### 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

2. Issuer Name and Ticker or Trading Symbol

QUALCOMM INC/DE [QCOM]

(Instr. 3) Date (Month/Day/Year) Execution Date, if (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (Instr. 3, and 4) Ownership Form:  Ownersh	7. Nature
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  1. Title of Security (Instr. 3)	of Indirect Beneficial Ownership
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)  2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (A Securities Acquired, Disposed of, or Beneficially of Securities Beneficially of Code (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 3 and 4) (Instr. 3 and 4) (Instr. 3 and 4)	of Indirect Beneficial Ownership
(Instr. 3) Date (Month/Day/Year) (Month/Day/Year)  Execution Date, if (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 3 and 4)  Owned Following Reported Transaction(s) (Instr. 3 and 4) Ownership Form: Direct (D) or Indirect	of Indirect Beneficial Ownership
Code V Amount (A) (I) Price (Instr. 4)	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  Persons who respond to the collection of information 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  (e.g., puts, calls, warrants, options, convertible securities)	1474 (9-02)
1. Title of Derivative Conversion Date Security Or Exercise (Month/Day/Year) Security Or Exercise Conversion Date Security Or Exercise Conversion Or Exercise Co	Ownership (Instr. 4)
Code V (A) (D)  Date Expiration Date  Code V (A) (D)  Expiration Date  Title  Amount or Number of Shares	
Phantom Stock Unit (1)  A 1,125 (2) (3) Common Stock 1,125 \$ 49.716 33,861.403 I	by Grantor Trust (1)

### **Reporting Owners**

	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
PADOVANI ROBERTO				
5775 MOREHOUSE DR.			EVP & Chief Technology Officer	
SAN DIEGO, CA 92121-1714				

## **Signatures**

By: Noreen E. Burns, Attorney-in-Fact For: Roberto Padovani		01/04/2011
-*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 common stock issued under the terms of the Company's Executive Retirement Matching Contribution Plan, a tax conditioned plan, is exempt under Rule 16b-3. The shares are held in a grantor trust and stock is the only permissable form of distribution under the Plan.
- (2) The rights awarded under the Company's Executive Retirement Matching Contribution Plan will be eligible for distribution upon termination and vest 100% after 2 years of continuous service with the Company.
- (3) The rights awarded under the Company's Executive Retirement Matching Contribution Plan will be eligible for distribution upon termination.

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.