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

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 Type)	Responses																		
1. Name and A MOLLENK		Reporting Person* EVEN M		2. Issuer QUALC							ol		5. Relati			ng Person(s) k all applical			
5775 MOR	EHOUSI	(First) E DR.		3. Date of 02/14/20		est T	Transac	tion (Mont	th/Day/Y	ear)		X_ Off	icer (gi	ve title below) Executi	ve Vice Pres	her (specify sident	below)	
		(Street)		4. If Amer	ndme	nt, D	ate Ori	ginal	Filed	(Month/Da	y/Year)		_X_ Form	filed by	One Reporting	up Filing(Che Person Reporting Perso	• • •	le Line)	
SAN DIEG	GO, CA 9:		ź-1 X													reporting reis			
(City)		(State)	(Zip)			-	Table I	- No	n-De	rivative	Securiti	es Acqu	ired, Dis	posed	l of, or Ben	eficially Ow	ned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		ĺ	(Instr. 8)		ion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					6. Ownership Form: Direct (D)		7. Nature of Indirect Beneficial Ownership			
				(MOHHI/L	лау/ 1	ear)	Coo	le	V	Amount	(A) or (D)	Price	(IIISII. 3	and -	•)		or Indire (I) (Instr. 4)	ct (In	
Common S	ltock		02/14/2011				М	[834	A	\$ 37.99	26,961	.171	3		D		
Common S	stock		02/14/2011				S	Ď		834	D	\$ 57.61	26,127	.171	3		D		
Common Stock		02/14/2011				M	[667	A	\$ 34.52	2 26,794.1713			D				
Common Stock		02/14/2011				S	D (667	D	\$ 57.61	26,127	.171	3		D			
Reminder: Rep	port on a se	eparate line for each	h class of securities	beneficial	ly ow	ned	directly			•				47				20.145	14 (0.02)
								c	onta	ained in	this fo	rm are i	not requ	ired	of informato respondented in the control respondented in t	d unless th		3C 147	74 (9-02)
			Table II -	Derivativ (e.g., puts									y Owned						
Security o (Instr. 3) P	Conversion	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, i) any (Month/Day/Year	Code	etion	of Deri Secu Acq (A) Disp of (I (Inst	ivative urities uired or oosed D)	Expi	ratio	xercisabl n Date oay/Year)		of Und Securit	e and Am- derlying ties 3 and 4)	ount	Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Form Deri Secu Dire or In	of vative rity: et (D) direct	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
				Code	V	(A)	(D)	Date Exer	cisab	Expir Date	ation	Title	or	nount mber ares					

<u>(2)</u>

(2)

07/27/2016

10/26/2016

667

834

M

M

Common

Stock

Common

Stock

667

834

\$0

\$0

2,000

3,750

D

D

Reporting Owners

\$ 34.52

\$ 37.99

02/14/2011

02/14/2011

Non-Qualified Stock

Option

(right to buy) Non-Qualified Stock

Option (right to

buy)

Relationships

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

Signatures

By: Noreen E. Burns, Attorney-in-Fact For: Steven M. Mollenkopf	02/16/2011
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 transaction was conducted under a 10b5-1 Plan, as defined under the Securities Exchange Act of 1934, as amended.
- (2) The options vest 10% on the six month anniversary of the date of grant and the remaining balance vests monthly thereafter. 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.