FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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).

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

| | pe Response | s) | | | | | | | | | | | | | | |
|---------------------------------------------------------------|---------------|---------------|-------------------------------------|---------------|--------------------------------------------------------------------|------------------|--------------------|----------------|-------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------|---------------|--------------------|---------------|
| 1. Name and Address of Reporting Person * MOLLENKOPF STEVEN M | | | | | 2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) (First) (Middle) 5775 MOREHOUSE DR. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/10/2011 | | | | | | X Officer (give title below) Other (specify below) Executive Vice President | | | | | |
| (Street) | | | | 4. If | 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 | | | | | |
| SAN DII | EGO, CA | 92121-171 | 4 | | | | | | | | | | ed by More than | One Reporting | reison | |
| (City | <i>(</i>) | (State) | | (Zip) | | 1 | able I - | Non-D | erivative | Securities | Acqui | red, Disp | osed of, or l | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year | | Execu any | Ź | Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Beneficia Reported | d Transaction(s) Form: Direct (or India (I) | | Ownership Form: | ct (Instr. 4) |
| | | | | | | (Month/Day/Year) | | V | Amoun | (A) or t (D) | Price | (Instr. 3 | | | or Indirect | |
| Commor | n Stock | | 11/10 | 0/2011 | | | Code S(1) | | 9,172.0 | 00 D | \$ 56.08 | 18,379 | .8924 | | D | |
| Reminder: | Report on a s | separate line | for each | class of secu | urities b | peneficially o | owned di | Pe | rsons wl | no respo n this fo | rm are | not requ | | spond unle | ss | 1474 (9-02) |
| Reminder: | Report on a s | separate line | for each | | - Deriv | ative Securi | ties Acq | Pe co th | ersons whentained in tained in the form dients of the Disposed | no respo n this fo splays a | rm are currer reficial | not requ ntly valid | uired to res | | ss | 1474 (9-02) |

Reporting Owners

| Ì | | Relationships | | | | | | |
|---|--------------------------------|---------------|--------------|--------------------------|-------|--|--|--|
| | Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| 1 | 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 | 11/14/2011 |
|-----------------------------------------------------------------|------------|
| **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.

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.