## FORM 4

(Print or Type Responses)

KEITEL WILLIAM E

5775 MOREHOUSE DR.

(Last)

# Check this box if no

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\*

(First)

(Middle)

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

OMB 1

5. Relationship of Reporting Person(s) to Issuer

6. Individual or Joint/Group Filing(Check Applicable Line)

Officer (give title below)

(Check all applicable)

EVP & Chief Financial Officer

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response... 0.5

10% Owner

Other (specify below)

#### 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

3. Date of Earliest Transaction (Month/Day/Year)

4. If Amendment, Date Original Filed(Month/Day/Year)

QUALCOMM INC/DE [QCOM]

12/31/2011

SAN DIE	EGO, CA 9	2121-1714										-	X_ Form filed by I Form filed by I		Person Reporting Person		
(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye		2A. Deemed Execution Date, any (Month/Day/Yea		Date, if	(Instr. 8)		(A) (Ins	4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5)  Amount (A) or (D)		of (D) O T (I	5. Amount of Securities Be Owned Following Reported Transaction(s) (Instr. 3 and 4)		OF FC D: or	Ownership orm: Be Orrect (D) r Indirect (In	eneficial wnership
Reminder: 1	Report on a s	eparate line for each		Derivat	ive :	Securitie	s Acqı	ii a uired	Persons n this fo current	rm are tly valid ed of, or	not d OM r Ben	required IB contro	to respond I number.		ion containe form displa		74 (9-02)
1. Title of Derivative Security (Instr. 3)		(Month/Day/Year)	3A. Deemed	4. 5. Nur Transaction Derive Code Securi (Instr. 8) Acqui or Dis (D)			lumber of ivative				e e	7. Title an	,	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D	Ex	ate xercisable	Expira Date	ation	Title	Amount or Number of Shares			(	
Phantom Stock Unit (1)	\$ 1.00	12/31/2011		A		4,097.0	00		(2)	(3	<u>3)</u>	Commo Stock	4,097.00	\$ 53.891	41,270.889	I	by Grantor Trust (1)

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
KEITEL WILLIAM E								
5775 MOREHOUSE DR.			EVP & Chief Financial Officer					
SAN DIEGO, CA 92121-1714								

#### **Signatures**

By: Noreen E. Burns, Attorney-in-Fact For: William Keitel	01/04/2012	
**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.