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

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

(Print or Ty	pe Response	s)																	
1. Name and Address of Reporting Person * JACOBS PAUL E					2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) (First) (Middle) 5775 MOREHOUSE DR.													er (give title belo	hairman & (Other (specify	below)		
(Street) SAN DIEGO, CA 92121-1714				4. If								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)			Tabl	le I -	Non-	-De	rivative Se	curities	Acqui	red, Disp	osed of, or I	Beneficially	Owned		
1.Title of Security (Instr. 3)		Date (Month/Day/Year)		Execu any	eemed tion Date, i	e, if Code (Instr. 8)			4. Securities (A) or Dispos (Instr. 3, 4 and		osed of		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D)	of I Ber	7. Nature of Indirect Beneficial Ownership	
					(Mont	h/Day/Yea		Code	; \	V	Amount	(A) or (D)	Price		r. 3 and 4)		or Indirect (Instr. 4)		
Common Stock		05/02	2/2012				G	1	V 143.00 D		\$ 0	429,21	18.00		I	By GR (1)	RAT		
Common Stock		05/02	05/02/2012				G	1	V	143.00	D	\$ 0	429,21	29,218.00		I	by GR	RAT S	
Common Stock		05/15	05/15/2012				J <u>(3)</u>			46,848.0	0 D	\$ 0	382,37	382,370.00		I	by GR	RAT S	
Common Stock		05/02	05/02/2012				G	7	V	712.00	A	\$ 0	428,25	54.00		Ι	by Trust		
Common Stock		05/15	15/2012				J(3)			46,848.0	0 A	\$ 0	521,95	0.00			by (4)	Trust	
Common Stock													25,923	.00		D			
Reminder:	Report on a s	separate line	for each	class of secu	rities t	eneficially	own	ned d	irectly	y or	indirectly.								
	-					·			c	on	tained in	this for	m are	not requ	ction of inf uired to res OMB cont	spond unle	ess	1474	4 (9-02)
				Table II -	Deriv	ative Secu	rities warı	s Acq	quirec s, opti	d, D	Disposed of, s, convertil	or Ben	eficiall rities)	y Owned					
Security	Conversion	Date	Date Execu Month/Day/Year) any		Deemed 4 Ation Date, if 7 Cth/Day/Year)		5. No of Do Se Ac (A Di of (In	5. 6. Number an		6. I and	ons, convertible securi Date Exercisable and Expiration Date Month/Day/Year)		7. Ti Amo Unde Secu	tle and ount of erlying rities r. 3 and	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	ship of tive y: (D) rect	(Instr. 4)
						Code V	V (A	A)		Dat Exe		xpiration ate	¹ Title	Amount or Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address Dire	ector 10% Owner	Officer	Other				

JACOBS PAUL E 5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714 Chairma	ın & CEO	
--	----------	--

Signatures

By: Jane Borneman, Attorney-In-Fact For: Paul E. Jacobs	05/17/2012
**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) Securities held by Harlan A. Jacobs, Trustee of The Paul E. Jacobs Grantor Retained Annuity Trust (GRAT).
- (2) Securities held by Harlan A. Jacobs, Trustee of The Stacy R. Jacobs Grantor Retained Annuity Trust (GRAT).
- (3) This transaction represents the distribution of shares from Mrs. Stacy Jacobs's GRAT to the Paul and Stacy Jacobs Family Trust Dtd 5/3/2000
- (4) Securities held by Paul E. Jacobs and Stacy Jacobs Trustees for the Paul & Stacy Jacobs Family Trust dtd. 5/3/00.

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.