(Print or Type Responses)

Rosenberg Donald J

5775 MOREHOUSE DR.

(Last)

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 APPROVAL 3235-0287 Estimated average burden hours per response.. 0.5

Other (specify below)

5. Relationship of Reporting Person(s) to Issuer

Officer (give title below)

(Check all applicable)

EVP & Corporate Secretary

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)

QUALCOMM INC/DE [QCOM]

12/31/2012

(Street) SAN DIEGO, CA 92121-1714				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City	")	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of So (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)		ion Da	Year)	Transode ode ostr. 8)		(A)	or Disposed r. 3, 4 and (A) count (D)	or (D) (C) (C) (D) (C) (D) (C) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	Amount of S Owned Followi Transaction(s) Instr. 3 and 4)			orm: Direct (D) r Indirect	Beneficial Ownership
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																
Security	Conversion	3. Transaction Date (Month/Day/Year)		Transaction Code Securi (Instr. 8) Acquir or Disp (D)		5. Number Derivative Securities Acquired or Dispose (D) (Instr. 3, 4	mber of attive ties (Montl posed of 3, 4, and		ate Exercisable Expiration Date hth/Day/Year)		7. Title an Underlyin (Instr. 3 a	g Securities nd 4) Amount		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercis		Expiration Date	Title	or Number of Shares				
Phantom Stock Unit (1)	\$ 1.00	12/31/2012		A	2	2,355.00)	<u>(2</u>	2)	(3)	Commo	ニコノ うつつ ロロ	\$ 61.1472	16,695.73	I	by Grantor Trust (1)

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Rosenberg Donald J 5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714			EVP & Corporate Secretary					

Signatures

By: Jane Borneman, Attorney-in-Fact For: Donald J. Rosenberg	01/03/2013
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).
- 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.
- 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.