FORM 4

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

OMB APPRO	VAL
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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

(Print or Typ	e Responses)																	
1. Name and Address of Reporting Person* GROB MATTHEW S				2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM]							5	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) 04/01/2013								X Officer (give title below) Other (specify below) EVP & Chief Technology Officer							
(Street)				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 DIEGO, CA 92121-1714 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							Acquir								
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (Instr. 8)				red (A)) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form:		7. Nature of Indirect Beneficial Ownership					
				(Monu)	Да у/	1 Ca	Code	V	Am	ount	(A) or (D)	Price				istr. 4)			
Common	Stock		04/01/2013				M		5,30	0.00	A	\$ 34.99	5,300			I	by (1)	Trust	
Common	Stock		04/01/2013				S ⁽²⁾		5,30	0.00		\$ 66.70	0			I	by (1)	Trust	
Common Stock												2	2,164	1			D		
Reminder, F	Report on a se	eparate line for each		- Derivat	tive S	Secui	rities Acqui	Pers in th a cu red, D	sons v nis for rrent	m are y vali d of, o	not red d OMB or Benefi	quired t control icially O	to res I num	spond u ber.		on contain form displa		C 147	74 (9-02)
Security or Exercise (Month/Day/Year) any		Execution Date, if	4. 5. Num f Transaction Derivat Code Securiti Or Disp (D)			mber of 6. Da Expi		expiration Date of U Month/Day/Year) Sec			7. Title of Undo Securiti	Title and Amou Underlying			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	Owners Form of Derivati Security Direct (or Indirects) (s) (I)	of ative ity: t (D)	Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exerc	isable	Expira Date	ation	Title	1	Amount or Number of Shares		(Instr. 4)	(Instr	. 4)	
Non- Qualified Stock Option (right to buy) (3)	\$ 34.99	04/01/2013		М			5,300.00	Ĺ	4)	10/2:	3/2018	Comn		5,300	\$ 0	43,500	I)	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GROB MATTHEW S 5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714			EVP & Chief Technology Officer				

Signatures

By: Noreen E. Burns, Attorney-in-Fact For: Matthew S. Grob	04/02/2013		
**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).
- (1) Securities held by Matthew Grob and Dawn Grob Trustees for the Matthew and Dawn Grob Trust dtd. 8/26/1999.
- (2) The transaction was conducted under a 10b5-1 Plan, as defined under the Securities Exchange Act of 1934, as amended.
- (3) Beneficial holdings reflected on this report do not include changes in the reporting person's holdings of securities resulting from participation in the issuer's qualified employee stock plan since the last filling of a report disclosing transactions related to such participation
- (4) The options vest 10% on the six month anniversary of the date of grant and the remaining balance vests monthly thereafter, adjusted for any previously exercised options prior to becoming an affiliate. 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.