FORM 4

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

OMB APPROVAL							
OMB Number:	3235-028						
Estimated average burden							
houre per reenonce	0						

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) 08/19/2013								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 DIE	GO, CA 92	(State)	(Zip)			T 11 T	NT T		· · · · ·	•,•							
1 Tid 60-			2 T	<u> </u>							ired, Disposed of, or Beneficially Owned						
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		if Code (Instr. 8)	ction	or Disposed of (D) (Instr. 3, 4 and 5)				Owned Following Reported Transaction(s)			Ownership Form:	Beneficial		
				(Ivionin/)	Day/ Y ea	Code	V	Ame	ount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		08/19/2013			M		5,30	0.00	A	\$ 40.70	17,620			I	by Trust	
Common	Stock		08/19/2013			S ⁽¹⁾		5,30	0.00	1)	\$ 66.90	12,320				I	by Trust
Common	Stock	Stock								2	2,164			D			
			Table II			rities Acqui	in that cu	nis for irrentl dispose	m are y vali d of, o	not red d OMB or Benefi	quired t control icially O	to respoi I number	nd u		on contain form displa		1474 (9-02)
1 77:1 6	l _a	a.m:	2.5.1	(e.g., pu		warrants,						1.4		0 D : 0	0.37 1	6 10	11.37.
Derivative Security	2. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Year) any (Month/Day/Year)	f Transaction Derivative Code Securities			Expiration Date of Un (Month/Day/Year) Secu			of Undo	itle and Amount Juderlying urities tr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	Owners! Form of Derivati Security Direct (I or Indirect)	Beneficia Ownershi (Instr. 4)		
				Code	V (A)	(D)	Date Exerc	isable	Expira Date	ation	Title	Amo or Nun of Shar	nber		(Instr. 4)	(Instr. 4	·)
Non- Qualified Stock Option (right to buy)	\$ 40.70	08/19/2013		М		5,300.00	((2)	10/2	2/2019	Comn	D. 1	00	\$ 0	39,000	D	

Reporting Owners

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

Signatures

By: Noreen E. Burns, Attorney-in-Fact For: Matthew S. Grob	08/21/2013
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) The transaction was conducted under a 10b5-1 Plan, as defined under the Securities Exchange Act of 1934, as amended.
- (2) The options vest on each six month date after the date of grant as to 1/8th of the total shares granted, adjusted for any previously exercised options prior to becoming an affiliate. The option is fully vested four 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.