FORM 4

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

OMB APPROVAL							
OMB Number:	3235-028						
Estimated average burden							
houre per reenonce	0.1						

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. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
	EEE LAODELLOLIGE DD				3. Date of Earliest Transaction (Month/Day/Year) 10/21/2013							To Officer (give title below) Other (specify below) EVP & Chief Technology Officer						
(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 Person _Form filed by More than One Reporting Person							
(City		(State)	(Zip)				Table I -	Non-I	Derivat	ive Se	curities	s Acqui	red. D	isposed (of, or Benef	icially Owne	d	
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)	4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5)				5. An Owne Trans	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	7. Nature of Indirect Beneficial Ownership				
				(Wolldi)	Day	i cai	Code	V	Amo	ount	(A) or (D)	Price	(Instr. 3 and 4)			or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		10/21/2013				M		5,30	0.00		\$ 41.33	17,6	,620			I	by Trust
Common	Stock		10/21/2013				S ⁽²⁾		5,30	0.00	1) 1	\$ 68.51	12,320			I	by Trust	
Common	Stock												2,164				D	
			Table II				rities Acqui	in th a cu red, D	is for rrently isposed	m are y valid	not red OMB	quired contro	to re	spond u nber.		on containe form displa		1474 (9-02)
1 77'41 . C	l _a	2 5 4	24 D				warrants, o					1 /			0 D : C	0.31 1	S 10	11.37.4
Derivative Security	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) any (Month/Day/Year)		f Transaction Deriva Code Securior Acquiror Disp (D)				6. Date Exercisable at Expiration Date (Month/Day/Year)		of Un Secu		Title and Amount Underlying urities tr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Owners Form of Derivat Security Direct (or Indirects)	Beneficia Ownershi (Instr. 4)	
				Code	V	(A)	(D)	Date Exerci	isable	Expira Date	ation	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4	,
Non- Qualified Stock Option (right to buy)	\$ 41.33	10/21/2013		М			5,300.00	(3)	10/2:	5/2017	Com Sto	_	5,300	\$ 0	43,633	D	

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	10/23/2013
**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) 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.