FORM 4	F	0	R	Μ	4
--------	---	---	---	---	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).
Instruction 1(b).

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

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

### 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 Type Responses)										
1. Name and Address of Reporting Person CRUICKSHANK DONALD G	2. Issuer Name <b>and</b> 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) 5775 MOREHOUSE DR.	(Middle)	3. Date of Earliest 7 04/10/2014	Fransaction	(Mon	nth/Day/Year	;)	Officer (give title below) Ot	her (specify belo	ow)	
(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-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Owned Following Reported Transaction(s)	Ownership Form:	Beneficial
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	04/10/2014		М		3,013.00	А	\$ 0	3,013	D	
Common Stock	04/10/2014		F		452.00	D	\$ 79.93	2,561	D	
Common Stock	04/10/2014		D		1,417.00	D	\$ 79.93	1,144	D	
Common Stock								8,200	Ι	by Pension Plan <u>(1)</u>

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 SEC 1474 (9-02) 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

	(e.g., puts, calls, warrants, options, convertible securities)														
Security (Instr. 3)	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion )	Deri Secu Acq or D (D)	vative	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Restricted Stock Unit	<u>(2)</u>	04/10/2014		М			3,013.00	<u>(3)</u>	<u>(3)</u>	Common Stock	3,013	\$ 0	2,639.7456	D	

# **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CRUICKSHANK DONALD G 5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714	Х						

### **Signatures**

By: Noreen E. Burns, Attorney-in-Fact For: Donald G. Cruickshank	04/10/2014
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 in a pension plan for the benefit of the reporting person.
- (2) Each restricted stock unit represents a right to receive one share of the Company's common stock.
- (3) Restricted Stock Units are 100% vested on the earlier of (1) April 10, 2014, (2) death, (3) disability, or (4) a change in control. The units will be settled in shares of the Company's common stock or cash in accordance with the grant agreement on the earlier of (1) April 10, 2014, (2) separation from service, (3) death, (4) disability, or (5) a change in control.

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.