FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 Ty | pe Response | s) | | | | | | | | | | | | | | | |
|--|---|--------------------------------------|--------------------------------------|--|-----------------------------------|--------------|---|---|-----------|---|--|--------------------------------------|---|--|-------------------------------------|-----|-------------------------|
| 1. Name and Address of Reporting Person* ROS FRANCISCO | | | | 2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM] | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner | | | | | | |
| ` ' | (Last) (First) (Middle) 5775 MOREHOUSE DR. | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/27/2014 | | | | | | - | Office | r (give title belo | ow) | Other (specify be | elow) | | |
| (Street) SAN DIEGO, CA 92121-1714 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) 03/31/2014 | | | | | | | 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 | | | | | | | | | | | | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | if C | f Code (Instr. 8) | | ion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | Ownership of Form: | Beneficial | | |
| | | | | (Month | n/Day/Ye | | Code | V | Amoun | t (A or (D | í | Price | (Instr. 3 a | and 4) | | ` / | Ownership (Instr. 4) |
| Common | Stock | | 03/27/2014 | | | | M | | 3,685.0 | 00 A | \$ | \$ 0 | 3,607 | 2) | | D | |
| | | | Table II - | | | | | ed, D | isposed o | f, or Bo | enef | icially | - | OMB conf | trol number | r. | |
| Security | 2. Conversion or Exercise Price of Derivative Security | ***** | on 3A. Deemed Execution Da any | 4. Transaction Code Year) (Instr. 8) | 5. Nu of De Sec Ac (A) Dis of (In | 5. Number | | and Expiration Date (Month/Day/Year) A US ((4) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) Amount or Title Number | | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficia Ownershi (Instr. 4) | | |
| | | | | | | | | Det | | · · · · · · · · · · · · · · · · · · · | | | or | | | | |

Reporting Owners

| | Relationships | | | | | |
|--------------------------------|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| ROS FRANCISCO | | | | | | |
| 5775 MOREHOUSE DR. | X | | | | | |
| SAN DIEGO, CA 92121-1714 | | | | | | |

Signatures

| By: Noreen E. Burns, Attorney-in-Fact For: Francisco Ros | 04/17/2014 |
|--|------------|
| —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) Due to an administrative error on the Form 4 filed on March 31, 2014, the number of non-derivative securities acquired from the conversion of derivative securities was under reported by 553 shares.
- (2) Represents total shares owned after all transactions that occurred on March 27, 2014, including originally reported disposition of 553 shares.

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.