#### FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
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hours per response	0.5						

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 * SCOWCROFT BRENT				2. Issuer Name and Ticker or Trading Symbol QUALCOMM INC/DE [QCOM]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director 10% Owner							
5775 MO	(First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2015						-	0	fficer (give t	itle below)	Oth	er (specify belo	ow)						
(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							
(City		2121-1714 (State)	(Zip)				Table I -	Non	-Deriva	tive S	ecuritie	es Acqui	red. D	isposed o	f, or Benefi	cially Owne	d		
(Instr. 3) Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transact Code (Instr. 8)		4. Securities Acquired (A) of Disposed of (D) (Instr. 3, 4 and 5)							6. Ownership Form:	7. Nature of Indirect Beneficial Ownership			
				(MOHUL)	Jay/ I	car)	Code	V	Amou	ınt	(A) or (D)	Price	(mst	or In			or Indirect	Indirect (Instr. 4)	
Common	Stock		02/11/2015				M		18,000	0.00	A \$	\$ 37.39	398	,358			I	by Trust	
Common	Stock		02/11/2015				S		18,000	00.0		\$ 70.4715 <mark>2)</mark>	380	380,358			I	by Trust	
Common	Stock												1,00	00.417			D		
Reminder: R	Report on a se	eparate line for each	class of securities b	- Deriva	itive S	Secu	directly or in	Pe in t a c	rsons we this for currently	m are y vali	e not re id OME or Benef	equired 3 contro ficially (	to res	spond ui nber.		on containe form displa		1474 (9-02)	
Derivative Security		onversion r Exercise (Month/Day/Year) erice of berivative Execution Date any (Month/Day/Y	Execution Date, if	Transaction Code Secu (Instr. 8) Acqu Disp			umber of	Expiration Date of (Month/Day/Year) Se		7. Titl of Un Secur	Title and Amount f Underlying ecurities nstr. 3 and 4)			Securities Beneficially Owned Following Reported	Owner Form of Deriva Securit Direct or India	Beneficia Ownershi (y: (Instr. 4)			
				Code	V	(A)	(D)	Dat Exe	e rcisable		ration	Title		Amount or Number of Shares		Transaction (Instr. 4)	(s) (I) (Instr.	4)	
Non- Qualified Stock Option (right to buy)	\$ 37.39	02/11/2015		М			18,000.00		(3)	03/0	07/201	<b>7</b> I	imon ock	18,000	\$ 0	0	D		

## **Reporting Owners**

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

## **Signatures**

By: Noreen E. Burns, Attorney-In-Fact For: Brent Scowcroft	02/13/2015
**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 the Brent Scowcroft Revocable Trust dated 4/19/2000.
- (2) The sale prices for this transaction ranged from \$70.45 to \$70.535. The filer hereby agrees to provide, upon request, full information regarding the number of shares sold at each separate price.
- (3) The options vest 10% on the six month anniversary of the date of grant and the remaining balance vests monthly thereafter. 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.