FORM 4

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

OMB APPROVAL
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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* ALEXANDER STILES BARBARA | | | | 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 | | | | |
| (Last) (First) (Middle) 5775 MOREHOUSE DR. | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2017 | | | | | | | Office | (give title belo | w) | Other (specify b | pelow) | | |
| (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-Deri | | | | ivative Securities Acquired, Disposed of, or Benefic | | | | Beneficially | Owned | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | | | if Co | (Instr. 8) | | 4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | D) Beneficially Owned Following Reported Transaction(s) | | ollowing | 6. Ownership Form: | Beneficial | |
| | | | | (Month/D | ay/Yea | | Code | V | Amour | (A) or (D) | Price | (Instr. 3 and 4) | | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common | Stock | | 06/30/2017 | | | | A | | 226 | A | \$ 0 | 2,611.25 | 2563 | | D | |
| Common Stock | | | | | | | | | | | 31,396 | | | I | by Trust | |
| Kemmuer. | Report on a s | separate fine fo | Table II - 1 | | Securi | ities A | cquire | Perse conta the fe | ons whained in orm dis | no respon n this for splays a | m are curre eficial | not requesting ntly valid | | ormation spond unle rol numbe | ss | 1474 (9-02) |
| 1. Title of | 2 | 3. Transaction | | 4. | cans, v | 5. | ts, opi | r | | | T | itle and | & Drice of | 9. Number | of 10. | 11. Natur |
| Derivative Security | Conversion or Exercise Price of Derivative Security | | Year) Execution Da | te, if Transaction Code Year) (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amo Und Secu | ount of erlying irrities tr. 3 and | Derivative Security (Instr. 5) | | Owners Form of Derivati Security Direct (or Indire | hip of Indired Beneficia Ownersh (Instr. 4) | |
| | | | | Coo | le V | (A) | (D) | Date Exer | | Expiration Date | Title | Amount or Number of Shares | | | | |

Reporting Owners

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

Signatures

| By: Noreen E. Burns, Attorney-in-Fact For: Barbara T. Alexander | 07/05/2017 |
|---|------------|
| **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) Represents Deferred Stock Units (DSUs) issued in lieu of payment of cash retainer fees. DSUs are 100% vested on grant date. The units will be settled in shares of the Company's common stock three years from the date of grant.
- (2) Securities held by Barbara Alexander Stiles Trustee for the Barbara Alexander Stiles Family Trust dtd. 8/12/99.

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.