QUALCOMM INC/DE

Form 4 March 30, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB 3235-0287

Number:

January 31, Expires: 2005

Estimated average burden hours per

5. Relationship of Reporting Person(s) to

response... 0.5

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person *

	ALEXANDE	ER STILES BAR	BARA Symbol	Symbol QUALCOMM INC/DE [QCOM]				Issuer				
(Last) (First) (Middle)				3. Date of Earliest Transaction					(Check all applicable)			
	5775 MORE	HOUSE DR.	`	(Month/Day/Year) 03/26/2015					_X_ Director 10% Owner Officer (give title below) Other (specify below)			
		(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				
	SAN DIEGO), CA 92121-1714	4					Form filed by Person	More than One R	eporting		
	(City)	(State)	Zip) Tabl	Table I - Non-Derivative Securities Acc					quired, Disposed of, or Beneficially Owned			
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	4. Securi onAcquirec Disposec (Instr. 3,	d (A) o d of (D))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Common Stock	03/26/2015		M	3,446	A	\$0	23,282	I	by Trust (1)		
	Common							2,288.5286	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of 2.		3. Transaction Date		4.	5. Number	6. Date Exercisable and		7. Title and Amount of		
Derivative	Conversion	(Month/Day/Year)	Execution Date, if			Expiration Date		Underlying Securities		Deriva
Security	or Exercise		any			(Month/Day/Year)		(Instr. 3 and 4)		Securi
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	(Instr. 8) Acquired					(Instr.
	Derivative				(A) or					
	Security				Disposed of					
				(D)						
				(Instr. 3, 4,						
					and 5)					
						Date Exercisable	Expiration Date	Title	Amount or Number of	
				Code V	(A) (D)				Shares	
Deferred Stock Unit	(2)	03/26/2015		M	3,446	(3)	(3)	Common Stock	3,446	\$ (

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

ALEXANDER STILES BARBARA
5775 MOREHOUSE DR. X
SAN DIEGO, CA 92121-1714

Signatures

By: Noreen E. Burns, Attorney-in-Fact For: Barbara T.
Alexander

03/30/2015

**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 Barbara Alexander Stiles Trustee for the Barbara Alexander Stiles Family Trust dtd. 8/12/99.
- (2) Each deferred stock unit represents a right to receive one share of the Company's common stock.
- Deferred Stock Units are 100% vested on the earlier of (1) the one-year anniversary of the grant date, (2) the date of the next annual meeting of stockholders of the Company that occurs after the grant date, (3) death, (4) disability, or (5) 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) three years from the date of grant, (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.

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