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QUALCOM	/IM INC/DE								
Form 4									
October 02	, 2009								
FORM	ЛД						-	PPROVAL	
	UNITED	STATES			AND EXCHANG , D.C. 20549	E COMMISSION	NOMB Number:	3235-0287	
Check t if no lor	agar						Expires:	January 31,	
subject Section Form 4	to SIAIE N 16.	MENT OI	F CHAI		BENEFICIAL O RITIES	Estimated burden hor	urs per		
Form 5 obligati may con <i>See</i> Inst 1(b).	Filed put ons ntinue. Section 17((a) of the l	Public U	Itility Hol	ne Securities Excha ding Company Ac t Company Act of	t of 1935 or Section	response on	. 0.5	
(Print or Type	Responses)								
I amag I ag I			Symbol		d Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer			
			QUAL	COMM I	NC/DE [QCOM]	(Check all applicable)			
(Last) (First) (Middle) 5775 MOREHOUSE DR.			3. Date of Earliest Transaction (Month/Day/Year) 09/30/2009			Director 10% Owner X_ Officer (give title Other (specify below) below) EVP & Chief Operating Officer			
				endment, D onth/Day/Yea	ate Original r)	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)	Tab	ole I - Non-	Derivative Securities	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Data any (Month/Day/Y		Date, if	Code Disposed of (D) ar) (Instr. 8) (Instr. 3, 4 and 5) (A) or		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)	
				Code V	Amount (D) Price	e			

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 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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof	Expiration Date	Underlying Securities	Derivativ
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Security

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(Instr. 5)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Unit <u>(1)</u>	\$ 1	09/30/2009		А		350		(2)	(3)	Common Stock	350	\$ 44.89

Reporting Owners

Reporting Owner Name / Address	Relationships							
F8	Director	10% Owner	Officer	Other				
Lauer Len J 5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714			EVP & Chief Operating Officer					
Signatures								
By: Noreen E. Burns, Attorney-in- Lauer	10/02/2009							
**Signature of Reporting I	Person		Date					
Evalenation of Deer								

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) The common stock issued under the terms of the Company's Executive Retirement Matching Contribution Plan, a tax conditioned plan, is exempt under Rule 16b-3. The shares are held in a grantor trust and stock is the only permissable form of distribution under the Plan.

The rights awarded under the Company's Executive Retirement Matching Contribution Plan will be eligible for distribution upon
(2) termination and vest according to the following schedule: 100% at age 65 with acceleration provisions (1) at the rate of 25% per year for each subsequent year of participation, (2) after the individual reaches age 61, or (3) if they have more than 10 years of service.

(3) The rights awarded under the Company's Executive Retirement Matching Contribution Plan will be eligible for distribution upon termination.

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.