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QUALCOM Form 4	M INC/DE												
April 10, 201	4												
FORM	4		~ ~ ~ ~ ~ ~			~			OMB AF	PPROVAL			
Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287				
Check thi if no long	or			CEC DU			1.0117		Expires:	January 31, 2005			
subject to Section 1 Form 4 o	6. SIAI	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI SECURITIES							Estimated average burden hours per response				
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 1	7(a) of the		ility Hold	ling Con	npany	y Act of	e Act of 1934, 1935 or Section 0	n				
(Print or Type F	Responses)												
CRUICKSHANK DONALD G Sym			Symbol	Name and			-	5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First)	(Middle)	3. Date of	3. Date of Earliest Transaction					(Check all applicable)				
			(Month/D 04/10/20	Day/Year) 2014				X_ Director10% Owner Officer (give titleOther (specify below)below)					
				endment, Date Original onth/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 					
SAN DIEGO	D, CA 92121-1	1714						Person	fore than One Re	porting			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned			
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, i any (Month/Day/Year)		on Date, if	Code (Instr. 3, 4 and 5) r) (Instr. 8) (A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)					
Common Stock	04/10/2014			М	3,013	А	\$0	3,013	D				
Common Stock	04/10/2014			F	452	D	\$ 79.93	2,561	D				
Common Stock	04/10/2014			D	1,417	D	\$ 79.93	1,144	D				
Common Stock								8,200	Ι	by Pension Plan (1)			

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	Transaction of Derivative Code Securities		(Month/Day/Year)				8. Pr Deriv Secu (Inst
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit	(2)	04/10/2014		М		3,013	(3)	(3)	Common Stock	3,013	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CRUICKSHANK DONALD G 5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714	Х						
Signatures							

By: Noreen E. Burns, Attorney-in-Fact For: Donald G. Cruickshank

**Signature of Reporting Person

04/10/2014 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 in a pension plan for the benefit of the reporting person.
- (2) Each restricted stock unit represents a right to receive one share of the Company's common stock.

Restricted Stock Units are 100% vested on the earlier of (1) April 10, 2014, (2) death, (3) disability, or (4) a change in control. The units
(3) will be settled in shares of the Company's common stock or cash in accordance with the grant agreement on the earlier of (1) April 10, 2014, (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.