

SECURITIES AND EXCHANGE COMMISSION

FORM 3/A

[amend]

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REPORTING OWNER

**AMON CRISTIANO R**

CIK: **1559665**

Type: **3/A** | Act: **34** | File No.: **000-19528** | Film No.: **13550933**

Mailing Address  
5775 MOREHOUSE DRIVE  
SAN DIEGO CA 92121

ISSUER

**QUALCOMM INC/DE**

CIK: **804328** | IRS No.: **953685934** | State of Incorpor.: **DE** | Fiscal Year End: **0925**  
SIC: **3663** Radio & tv broadcasting & communications equipment

Mailing Address  
5775 MOREHOUSE DR  
SAN DIEGO CA 92121

Business Address  
5775 MOREHOUSE DR  
SAN DIEGO CA 92121  
8585871121

**FORM 3**

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

| OMB APPROVAL                                   |            |
|--|------------|
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**INITIAL STATEMENT OF BENEFICIAL  
OWNERSHIP OF SECURITIES**

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

|  |  |  |  |
|--|--|--|--|
| 1. Name and Address of Reporting Person<br><u>AMON CRISTIANO R</u><br>(Last) (First) (Middle)<br><u>5775 MOREHOUSE DRIVE</u><br>(Street)<br><u>SAN DIEGO, CA 92121</u><br>(City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year)<br><u>10/01/2012</u> | 3. Issuer Name and Ticker or Trading Symbol<br><u>QUALCOMM INC/DE [QCOM]</u>   | 5. If Amendment, Date Original Filed (Month/Day/Year)<br><u>10/11/2012</u> |
|  |  | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br>___ Director ___ 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) ___ Other (specify below)<br><u>Executive Vice President</u> |  |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
|---------------------------------|---|--|---|

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|----------------------------|--|---|---|
|  | Date Exercisable   | Expiration Date | Title   | Amount or Number of Shares |  |   |   |
| Phantom Stock Unit <sup>(1)</sup>          | (2)  | (3)             | Common Stock  | 359                        | \$1  | I   | by Grantor Trust <sup>(1)</sup>                       |

**Explanation of Responses:**

- 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 permissible form of distribution under the Plan.
- The rights awarded under the Company's Executive Retirement Matching Contribution Plan will be eligible for distribution upon termination and vest 100% after 2 years of continuous service with the Company.
- The rights awarded under the Company's Executive Retirement Matching Contribution Plan will be eligible for distribution upon termination.

**Signatures**

Noreen E. Burns, Attorney-in-Fact

\*\* Signature of Reporting Person

01/16/2013

Date

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

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

**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 Number.**