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JACOBS PA	AUL E											
Form 4												
November 1	2, 2009											
FORM	ЛД									PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									N OMB Number:	3235-0287		
Check this box								Expires:	January 31,			
if no lon subject t	STATEN	MENT O	F CHAN	NGES IN BENEFICIAL OWNERSHIP O						2005		
Section 16. SECURITIES									Estimated average burden hours per			
Form 4 or									response	•		
Form 5	Filed put	rsuant to S	Section	16(a) of th	ne Securi	ties E	Exchai	nge Act of 1934,	·			
obligatio		(a) of the	Public U	Itility Hol	ding Cor	npan	y Act	of 1935 or Section	on			
may con <i>See</i> Instr		30(h)	of the In	nvestment	Compar	ny Ac	t of 1	940				
1(b).	uetion				•	•						
(Print or Type	Responses)											
1. Name and A	Address of Reporting	Person *	2 Issue	er Name an o	d Ticker o	· Tradi	no	5. Relationship of	of Reporting Per	Reporting Person(s) to		
JACOBS P		-	Symbol	uer Name and Ticker or Trading 1				Issuer	1 0			
Symbol				LCOMM INC/DE [QCOM]								
		NC 111 \	-					(Check all applicable)				
(Last)	(First) (Middle)		3. Date of Earliest Transaction				V Dimeter	100	7 O		
5775 MOR	EHOUSE DP		-	nth/Day/Year))9/2009			X Director X Officer (giv		% Owner her (specify			
5775 MOREHOUSE DR. 11/09			11/09/2	//2009				below)	below)	below)		
								Chairman & CEO				
(Street) 4. If Am			endment, Date Original				6. Individual or Joint/Group Filing(Check					
			Filed(Mo	Ionth/Day/Year)				Applicable Line)				
								X Form filed by One Reporting Person Form filed by More than One Reporting				
SAN DIEG	O, CA 92121-17	14						Person	More than One K	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Secur	ities A	cquired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3. 4. Securities			5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Year)			TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)				Beneficially	Form: Direct	Indirect		
(Instr. 3)									(D) or Indirect (I)	Ownership		
				(115u. 0) (115u. 0, 4 and 0)))		(Instr. 4)	(Instr. 4)			
						(Λ)		Reported				
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				

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 of	6. Date Exercisable and	7. Title and Amou
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Secur
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	Dis	equired (A sposed of str. 3, 4,	f (D)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am Nui Sha
Non-Qualified Stock Option (right to buy)	\$ 44.75	11/09/2009		А	39	95,250		<u>(1)</u>	11/08/2019	Common Stock	39

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
JACOBS PAUL E 5775 MOREHOUSE DR. SAN DIEGO, CA 92121-1714	Х		Chairman & CEO						
Signatures									
By: Noreen E. Burns, Attorney-in Jacobs	11/11/2009								

**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) Employee stock options granted under the Company's 2006 Long-Term Incentive Plan. The options vest on each six month date after the date of grant as to 1/8th of the total shares granted until fully vested four years from the date of grant.

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.