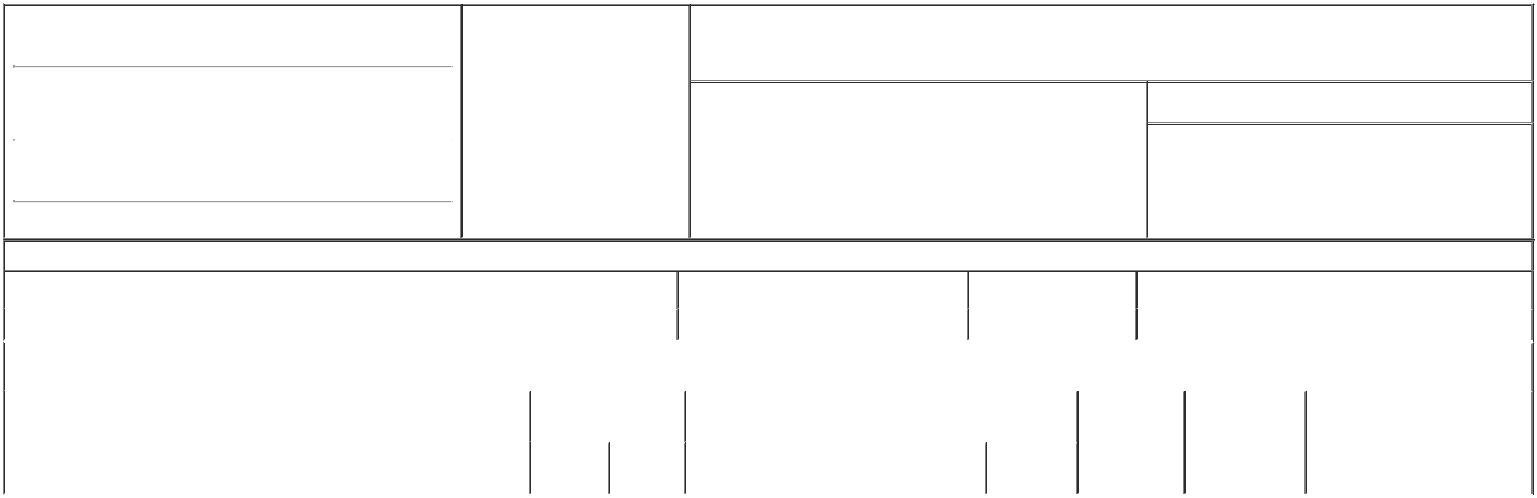
SEC Form 3

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FORM 3** | **UNITED STATES SECURITIES AND EXCHANGE COMMISSION** |  |  |  |  |  |
|  | Washington, D.C. 20549 |  |  |  |  |  |
|  |  | OMB APPROVAL |  |  |  |
|  |  |  |  |  |  |
|  | **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES** |  |  |  |  |  |
|  |  | OMB Number: | 3235-0104 |  |  |
|  |  |  |  |  |
|  |  |  | Estimated average burden |  |  |  |
|  | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |  | hours per response: | 0.5 |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |



or Section 30(h) of the Investment Company Act of 1940



1. Name and Address of Reporting Person\*

[SOPHIE MICHAEL J](http://www.sec.gov/cgi-bin/browse-edgar?action=getcompany&CIK=0001209534)

1. Date of Event Requiring Statement (Month/Day/Year)

10/19/2007

3. Issuer Name **and** Ticker or Trading Symbol

[MARVELL TECHNOLOGY GROUP LTD](http://www.sec.gov/cgi-bin/browse-edgar?action=getcompany&CIK=0001058057) [ MRVL ]

|  |  |  |  |
| --- | --- | --- | --- |
|  | (Last) | (First) | (Middle) |
|  | C/O 5488 MARVELL LANE | |  |
|  |  |  |  |
| (Street) | |  |  |
|  | SANTA CLARA | CA | 95054 |

1. Relationship of Reporting Person(s) to Issuer (Check all applicable)

X Director 10% Owner

Officer (give title below) Other (specify below)

1. If Amendment, Date of Original Filed (Month/Day/Year)
2. 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)

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Title of Security (Instr. 4)** |  |  | **2. Amount of Securities Beneficially Owned** | | **3. Ownership Form: Direct 4. Nature of Indirect Beneficial Ownership (Instr. 5)** | | | | | | | |  |
|  |  |  | **(Instr. 4)** | | **(D) or Indirect (I) (Instr. 5)** | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| No Securities Beneficially Owned |  |  | 0 |  | D |  |  |  |  |  |  |  |  |
|  |  | | |  |  |  |  |  |  |  |  |  |  |
|  | **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** | | **3. Title and Amount of Securities Underlying Derivative Security** | | | **4. Conversion or** | | **5. Ownership** | | | **6. Nature of Indirect Beneficial** | |  |
|  | **Expiration Date** | | **(Instr. 4)** | |  | **Exercise Price** | | **Form: Direct (D) or** | | | **Ownership (Instr. 5)** | |  |
|  | **(Month/Day/Year)** | |  |  |  | **of Derivative** | | **Indirect (I) (Instr. 5)** | | |  |  |  |
|  |  |  |  |  |  | **Security** | |  |  |  |  |  |  |
|  |  |  |  |  | **Amount or** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Date** | **Expiration** |  |  | **Number of** |  |  |  |  |  |  |  |  |
|  | **Exercisable** | **Date** | **Title** | | **Shares** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Explanation of Responses:** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Remarks:** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Michael Rashkin by Power of Attorney | | |  |  | 10/23/2007 | |  |  |  |
|  |  |  |  | \*\* Signature of Reporting Person | | |  |  | 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 5 (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.**

MARVELL TECHNOLOGY GROUP LTD.

LIMITED POWER OF ATTORNEY FOR

SECTION 16 REPORTING OBLIGATIONS

Know all by these presents, that the undersigned hereby makes, constitutes and appoints each of Michael Rashkin and Eric Janofsky, each acting individually, as the

1. prepare, execute, acknowledge, deliver and file Forms 3, 4, and 5 (including any amendments thereto) with respect to the securities of Marvell Technology Group
2. seek or obtain, as the undersigned's representative and on the undersigned's behalf, information on transactions in the Companys securities from any Third Party
3. perform any and all other acts which in the discretion of such attorneyin fact are necessary or desirable for and on behalf of the undersigned in connection wit The undersigned acknowledges that
4. this Power of Attorney authorizes, but does not require, each such attorney in fact to act in their discretion on information provided to such attorney in fact
5. any documents prepared and/or executed by either such attorney in fact on behalf of the undersigned pursuant to this Power of Attorney will be in such form and
6. neither the Company nor either of such attorneys in fact assumes (i) any liability for the undersigned's responsibility to comply with the requirement of the Ex
7. this Power of Attorney does not relieve the undersigned from responsibility for compliance with the undersigned's obligations under the Exchange Act, including The undersigned hereby gives and grants each of the foregoing attorneys-in-fact full power and authority to do and perform all and every act and thing whatsoever re This Power of Attorney shall remain in full force and effect until revoked by the undersigned in a signed writing delivered to each such attorney-in-fact.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this October 18, 2007.

/s/ Michael J. Sophie

Signature

Michael J. Sophie

Print Name

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_ )

)

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2007,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared before me, and acknowledged that s/he executed the foregoing instrument for the purpose

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public

My Commission Expires: