Edgar Filing: DELCATH SYSTEMS INC - Form 4

DELCATH S	SYSTEMS INC										
Form 4											
July 08, 2005	5										
FORM	14									PPROVAL	
	UNITED	STATES			AND EX , D.C. 20		NGE	COMMISSION	OMB Number:	3235-0287	
Check thi				-					Expires:	January 31,	
if no long subject to	STATEN.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						•	2005		
Section 10		SECURITIES						Estimated average burden hours per			
Form 4 or	r								response	•	
Form 5 obligation	1 0							ge Act of 1934,			
may conti				•	•	-	•	of 1935 or Sectio	n		
<i>See</i> Instru 1(b).		30(h)) of the Inv	vestment	t Compa	ny Ao	t of 19	40			
(Print or Type R	Responses)										
CODICI LANO MADY			2. Issuer Symbol	2. Issuer Name and Ticker or Trading ymbol				5. Relationship of Reporting Person(s) to Issuer			
			DELCA	TH SYS	TEMS I	NC [DCTH]	(Che	ck all applicable	e)	
(Last)	(First) (1	Middle)	3. Date of	Earliest T	ransaction			(Chee	ck all applicable	()	
(Month/			(Month/Da	th/Day/Year)				_X_ Director10% Owner			
	IER STREET 3F	RD	07/07/20)05				Officer (give below)	e title Oth below)	er (specify	
FLOOR								0010W)	below)		
			4. If Amer	. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
			Filed(Mon					Applicable Line)			
STAMFORI	D, CT 06905							_X_ Form filed by Form filed by M Person	One Reporting Po More than One Ro		
(City)	(State)	(Zip)				~					
(City)	(blate)	(21)	Table	e I - Non-l	Derivative	Secu	rities Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	any		emed on Date, if /Day/Year)	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)(A)			D) d 5)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	7	or		(Instr. 3 and 4)			
Common				Code	Amour	t (D) Price				
Stock, par	07/07/2005			А	4,725	А	\$0	46,225	D		
value \$0.01	0110112005			1	7,723	11	ψυ	10,223	D		

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 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)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Warrant to Purchase	\$ 6.6	10/30/2001		J <u>(1)</u>	0	10/19/2001	10/18/2005	Common Stock	1,5
Nonqualified Stock Option (right to buy)	\$ 0.85	12/17/2001		J <u>(1)</u>	0	(2)	12/17/2006	Common Stock	30,0
Nonqualified Stock Option (right to buy)	\$ 1.03	08/25/2003		J <u>(1)</u>	0	(2)	08/25/2008	Common Stock	75,(
Nonqualified Stock Option (right to buy)	\$ 2.78	07/07/2005		А	70,000	(2)	07/07/2010	Common Stock	70,0

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Reporting Owners

Reporting Owner Name / Address		Relationsh		
Reporting Owner France / Francess	Director	10% Owner	•	Other
CORIGLIANO MARK 1100 SUMMER STREET 3RD FLOOR STAMFORD, CT 06905	Х			
Signatures				
MARK A. CORIGLIANO, By /s/ PAUL Attorney-in-fact	G. HUGI	HES,		07/08/2005

**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) This transaction was previously reported.
- (2) Exercisable as to one-half of the shares on the first anniversary of grant and in full on the second anniversary of grant through the expiration date.

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.