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DELCATH S	SYSTEMS INC	2									
Form 4											
July 08, 2005	5										
FORM	14									PPROVAL	
	UNITE	D STATE		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi if no long	or								Expires:	January 31,	
subject to	NIA IB	STATEMENT OF CHANGES IN BENEFICIAL OWNERS					NERSHIP OF	Estimated a	2005 average		
Section 1	6.			SECUR	ITIES				burden hours per		
Form 4 or Form 5									response	0.5	
obligation	•						-	ge Act of 1934,			
may conti) of the Inv					f 1935 or Sectio	n		
See Instru	iction	30(11) of the my	vestment	Company	y Act	01 19	40			
1(b).											
(Print or Type R	Responses)										
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading				g	5. Relationship of Reporting Person(s) to						
ISDANER DANIEL			Symbol	•				Issuer			
			DELCA	TH SYST	TEMS IN	IC [D	CTH]	(Chec	k all applicable	e)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction					,	
			(Month/D	-				XDirector		6 Owner	
	IER STREET,	3RD	07/07/20)05				Officer (give below)	below)	er (specify	
FLOOR											
	(Street)			ndment, Dat	-			6. Individual or Jo	oint/Group Filin	ng(Check	
			Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by	One Reporting P	arson	
STAMFORI	D, CT 06905							Form filed by N			
STAMIORI	D, C1 00905							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction E	Date 2A. De	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	ar) Execut	ion Date, if		onAcquired				Form: Direct	Indirect	
(Instr. 3)		any (Month	/Day/Year)	Code (Instr. 8)	Disposed (Instr. 3,			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(WOIIII	l/Day/Teal)	(11150.0)	(11150.3,	4 anu	3)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common	0.0.0.0.0.0.0				1 7 7 7			10 505	D (1)		
Stock, par	07/07/2005			А	4,725	А	\$0	42,725	D (1)		

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>(2)</u>	0	10/19/2001	10/18/2005	Common Stock	7,5
Nonqualified Stock Option (right to buy)	\$ 0.85	12/17/2001		J <u>(2)</u>	0	(3)	12/17/2006	Common Stock	30,0
Nonqualified Stock Option (right to buy)	\$ 1.03	08/25/2003		J <u>(2)</u>	0	(3)	08/25/2008	Common Stock	75,0
Nonqualified Stock Option (right to buy)	\$ 2.78	07/07/2005		А	70,000	<u>(3)</u>	07/07/2010	Common Stock	70,0

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Reporting Owners

Reporting Owner Name / Address		Relationsh	ips	
	Director	10% Owner	Officer	Other
ISDANER DANIEL 1100 SUMMER STREET 3RD FLOOR STAMFORD, CT 06905	Х			
Signatures				
DANIEL ISDANER, By /s/ PA Attorney-in-fact	AUL G. H	UGHES,		07/08/2005

**Signature of Reporting Person

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).

Date

- (1) In addition, the reporting person indirectly owns 364 shares through a partnership.
- (2) This transaction was previously reported.
- (3) 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.