FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	

OMB APPRO	/AL
OMB Number:	3235-0287
Estimated average burden	
hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Add SALAMOI (Last) 15 WELLESI (Street)		Issuer Name and Ticker or Trading Symbol     DELCATH SYSTEMS, INC. [ DCTH ]  3. Date of Earliest Transaction (Month/Day/Year) 10/30/2024  4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)    Director 10% Owner Officer (give title Other (specify below) below)  6. Individual or Joint/Group Filing (Check Applicable Line)								
TORONTO (City)	ivativ	vative Securities Acquired, Disposed of, or Beneficia									Form filed by One Reporting Person Form filed by More than One Reporting Person								
1. Title of Security (Instr. 3)  2. Tran Date (Month							2A. Deemed Execution Da if any (Month/Day/		ate, Transac	ction Dispo		urities Acquired sed Of (D) (Insti		r 5. Amo and 5) Securit Benefic Followi		ities icially Owned ving Reported		irect (D) I	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amou	(D)			Transaction(: (Instr. 3 and				
												of, or Benet tible secur		Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	te, Ti C	Transaction of Exp			Expiration Da	6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title and Amount Securities Underlyin Derivative Security and 4)				r. 3	8. Price of Derivative Security (Instr. 5)	9. Numb derivati Securiti Benefic Owned Followin Reporte Transac (Instr. 4	ve les ially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				С	Code	v	(A)	(D)	Date Exercisable	Expi Date	ration	Title	Amount of Number of Shares						
Tranche B warrants to purchase F-4 Preferred Stock	\$1,000	10/30/2024			М		500		03/29/2023 <sup>(1)</sup>		(2)	F-4 PREFERRED STOCK	500	)	\$1,000	0		I	By Rosalind Advisors, Inc., the advisor to the Rosalind Funds <sup>(3)</sup>
8% CONVERTIBLE NOTE	\$0	10/30/2024			Н		0		(4)		(4)	CASH <sup>(5)</sup>	\$1,423	,333	\$0	0		I	By Rosalind Advisors, Inc., the advisor to the

## **Explanation of Responses:**

- 1. Immediately exercisable
- 2. The Tranche B Warrants expire the earlier of (i) twenty-one (21) days following the date of the Issuer's public announcement of record at least \$10,000,000 in quarterly U.S. revenue from the commercialization of HEPZATO and (ii) March 31, 2026. The Issuer announced on October 17, 2024 that it had recorded at least \$10,000,000 in quarterly U.S. revenue from the commercialization of HEPZATO and therefore such Tranche B Warrants expire on November 7, 2024.
- 3. Reporting Persons disclaims beneficial ownership over the shares except to the extent of his or its respective pecuniary interest therein
- 4. N/A
- 5. Delcath repaid the DELCATH SYSTEM 8% CONVERTIBLE NOTE in full with cash of \$1,423,333.

Steven Salamon \*\* Signature of Reporting Person 11/01/2024

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.