FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB Number: 3235-0287 Estimated average burden hours per response:

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

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

							( )												
Name and Address of Reporting Person*     NEVINS VICTOR						2. Issuer Name <b>and</b> Ticker or Trading Symbol DELCATH SYSTEMS INC [ DCTH ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
INE VIINC	VICIO	<u>IX</u>											X	Director			10% Ow	ner	
(Last) (First) (Middle) 1100 SUMMER STREET					3. Date of Earliest Transaction (Month/Day/Year) 08/09/2005								Officer (give title Other (specify below)						
3RD FLOOR				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) STAMFORD CT 06905					4. Il Alliendinent, Date of Original Filed (Month) Day (Tear)								Line)						
(City) (State) (Zip)																			
		Ta	ble I - Non	-Deriv	<i>v</i> ativ	e Se	curitie	s Acqı	uired,	Disp	osed of,	or Bene	ficially	Owned					
1. Title of Security (Instr. 3)  2. Trans Date (Month/							2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			4 and 5) Securities Beneficia Owned Fo		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 an				nstr. 4)		
Common Stock, par value \$0.01 08/09					9/200	)/2005			Х		30,000	A	\$0.83	80,8	325	D <sup>(1)</sup>			
			Table II - I								sed of, o			wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	4. Transaction Code (Instr. 8)		5. Number of Derivative		6. Date Exercisa Expiration Date (Month/Day/Year		isable and 7. Title a of Securear) Underly		d Amount es g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		Transactio (Instr. 4)	on(s)			
Warrant to Purchase	\$6.6	10/30/2001			J <sup>(2)</sup>		0		10/19/	2001	10/18/2005	Common Stock	4,000	\$0	150,00	00	D		
Warrant to Purchase	\$6.6	10/30/2001			J <sup>(2)</sup>		0		10/19/	2001	10/18/2005	Common Stock	1,000	\$0	150,00	00	D		
Nonqualified Stock Option (right to buy)	\$1.03	08/25/2003			<b>J</b> <sup>(2)</sup>		0		(3)	)	08/25/2008	Common Stock	75,000	\$0	150,00	00	D		
Nonqualified Stock Option (right to buy)	\$2.78	07/07/2005			A		70,000		(3)	)	07/07/2010	Common Stock	70,000	\$0	150,00	00	D		
Nonqualified Stock Option (right	\$0.85	08/09/2005			х			30,000	(3)	)	(4)	Common Stock	30,000	\$0	150,00	00	D		

## **Explanation of Responses:**

- 1. In addition, the reporting person beneficially owns  $1,\!000$  shares that are owned by his spouse.
- 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.
- 4. Having been exercised in full, this option is no longer outstanding.

VICTOR NEVINS, By /s/ PAUL G. HUGHES, Attorney-08/10/2005 in-fact

\*\* 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 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.