FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL	
OMB Number:	3235-0287
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\Box	Check this box if no longer subject to Section 16. Form 4
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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Name and Address of Reporting Person* <u>Koplewicz Harold S</u>					2. Issuer Name and Ticker or Trading Symbol DELCATH SYSTEMS INC [DCTH]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					er	
					3. Date of Earliest Transaction (Month/Day/Year) 12/10/2009										Officer (give title	below)		Other (sp	ecify below)	
(Street) NEW YORK NY 10020 (City) (State) (Zip)					If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) Y Form filed by One Reporting Person Form filed by More than One Reporting Person					
			1	Table I -	Non-Der	ivative Se	curities A	quired,	Dispos	sed of,	, or Bene	ficially Ov	/ned							
2. The of county (mont of			2. Transact Date (Month/Day	Execu	ution Date,			4. Securit 3, 4 and 5	rities Acquired (A) or Disposed Of (D I 5)			D) (Instr. 5. Amount of Securi Beneficially Owned Reported Transaction		ollowing Direct (D) or Inc		O) or Indirect (I)				
			(WOITH/Day			Code	v /	Amount		(A) or (D)	(D) Price		(Instr. 3 and 4)		(msu. 4)		4)			
Common Stock					12/10/2	2009		A		5,485		Α	\$0		60,485			D		
				Table I		ative Secu puts, calls							ed							
1. Title of Derivative Security (Inst. 3)	Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac (Instr. 8)	ction Code	Securities A	mber of Derivative ities Acquired (A) or sed of (D) (Instr. 3, 4		6. Date Exercisable an Expiration Date (Month/Day/Year)		7. Title and Amount of Securitie Derivative Security (Instr. 3 and			/ing	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Followin Reported	re es ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa		oiration te			Amount or Number of	nount or Imber of Shares		Transaction(s) (Instr. 4)				

Explanation of Responses:

Remarks:

Staten M.D.

** 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.

Confirming Statement

This Confirming Statement ("Statement") confirms that the undersigned, Harold S. Koplewicz, M.D., has authorized, directed and designated each of David McDonald and

The authority of the Designees under this Statement shall continue until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersit to the date and subject hereof.

Date: December 14, 2009

Undersigned's Name: Harold Koplewicz

(Print)

Undersigned's Signature: /s/ Koplewicz

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