FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |

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Estimated average burden hours per response:

| Cricck triis box ii 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 s | secuo | on 30(n) | or the i | nvestmei | nt Co | mpany Act | or 19 | 40 | | | | | | | | |
|---|---|--|--|----------------------|--|---|----------|-------------------------------------|------------------------------------|----------|---|--|-----------------|----------------------|---|---|---|---|---|--|--|
| 1. Name and Address of Reporting Person* <u>LEUNG GABRIEL</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol DELCATH SYSTEMS, INC. [DCTH] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | DEECHII O I O I DIMO, III O. [DOIII] | | | | | | | | | X | Direc | tor | | 10% C | wner | |
| (Last) (First) (Middle) C/O DELCATH SYSTEMS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/05/2013 | | | | | | | | | | Officer (give title below) | | | Other (below) | (specify | |
| 810 SEVENTH AVENUE, 35TH FLOOR | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NEW YORK NY 10019 | | | | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | e I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | efici | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Ex Day/Year) if a | | 2A. Deemed Execution Date, f any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | Disposed | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | . | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 06/05/ | | | | | | /2013 | | | | | 33,000 | (1) | A \$ | | 0 | 81,527 | | | D | | |
| | | Ta | | | | | | | | | sed of, onvertib | | | | y Ov | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | n Date, | i. Transaction Code (Instr. I) | | ı of | | 6. Date E Expiratio (Month/E | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | or Nur of | ount mber ires | | | | | | | |

Explanation of Responses:

1. The restricted stock vests on June 5, 2014, subject to forfeiture in the event of certain circumstances and acceleration upon certain events.

Remarks:

/s/ Barbra Keck, pursuant to a
Confirming Statement
executed by Gabriel Leung

** Signature of Reporting Person Date

06/07/2013

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.