FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| | OMB APP | ROVAL | | | | | | | |
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| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| - 1 | hours por 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).

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 Address of Reporting Person* MICHEL GERARD J | | | | | 2. Issuer Name and Ticker or Trading Symbol DELCATH SYSTEMS, INC. [DCTH] | | | | | | (Che | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
|---|--|----------------------|----------|-----------------|--|---|--|------|---|-----------------|---|--|---|---|------|---------------------------------|-----|----|--|
| (Last) C/O DEI | ` | irst) STEMS, INC. | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2023 | | | | | | X | below) | give title | TIVI | Other (specification) E OFFICE | , I | | |
| 1633 BROADWAY, SUITE 22C | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) NEW YO | ORK N | Y | 10019 | | | | | | | | | |) Y | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | R | ule | 10b5- | 1(c) | Tran | sac | ction In | dica | tion | | | | | | |
| | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | satisfy | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Code (Instr. | | | 5. Amoun Securities Beneficia Owned Fo | lly ollowing | Form | : Direct III Indirect E str. 4) C | . Nature of ndirect seneficial ownership nstr. 4) | | | | | | |
| | | | | | | | Cod | e v | Amour | t | (A) or (D) | | Transacti | Transaction(s) (Instr. 3 and 4) | | | | | |
| | 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) | Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any | | Co | ransac | nsaction de (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | es Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form: B Direct (D) O | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | Co | Code | v | V (A) (D | (D) | Date Exercis | able | Expiration Date | Titl | le | Amount or Number of Shares | | (Instr. 4) | | 9) | |
| Stock Option (Right to Buy) | \$4.67 | 02/08/2023 | | | A | | 140,400 | | (1) | | 02/08/203 | | mmon stock | 140,400 | \$0 | 140,40 | 00 | D | |

Explanation of Responses:

1. The option will vest and become exercisable at the rate of one-thirty-sixth (1/36th) per month with the first such vesting to occur on February 8, 2023 and monthly thereafter for so long as the reporting person remains an employee of Delcath Systems, Inc. (and subject to the terms and conditions ofthe Delcath Systems, Inc. 2020 Omnibus Equity Incentive Plan, as amended).

/s/ Gerard Michel

01/26/2024

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).