FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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HOBBS EAMONN P	2. Date of Event Requiring States Month/Day/Yea 10/14/2008	ment	3. Issuer Name and Ticker or Trading Symbol DELCATH SYSTEMS INC [DCTH]					
(Last) (First) (Middle) 603 QUEENSBURY AVENUE	10/1 //2000		Relationship of Reporting Perso (Check all applicable) X Director	on(s) to Issue	(Mor	5. If Amendment, Date of Original Filed (Month/Day/Year)		
			Officer (give title below)	Other (spe		6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street)			below)	below)	X	Form filed by	y One Reporting Person	
QUEENSBURY NY 12804						Form filed by Reporting P	y More than One erson	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4		4. Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		
Stock Option	10/14/2008	10/14/2013	Common Stock	50,000	1.23	D		
Stock Option	10/14/2008	10/14/2013	Common Stock	100,000	1.845	D		

Explanation of Responses:

/s/ Eamonn P. Hobbs

11/05/2008

** 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.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (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).