## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	. OWNERSHIP

1	UNID APPRO	VAL						
	OMB Number:	3235-0287						
	Estimated average burden							
ı	hours per 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* <u>HERSCHKOWITZ SAMUEL</u> /FA/				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					
(Last) (First) (Middle) C/O DELCATH SYSTEMS INC 1100 SUMMER STREET					3. Date of Earliest Transaction (Month/Day/Year) 11/14/2006									X Officer (give title Other (specify below)  Interim COO				
(Street) STAMFORD CT 06905					4. If Amendment, Date of Original Filed (Month/Day/Year) 11/16/2006									6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting				
(City) (State) (Zip)													Person					
		Tab	le I - Nor	n-Deriv	ative	Sec	curities	Acc	լuired, [	Disp	osed of	, or Ben	eficia	lly Owned				
1. Title of Security (Instr. 3)  2. Trans Date (Month/				Execution Day/Year) if any		Deemed cution Date, ny nth/Day/Year)		Transaction Disposed C		ies Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		Form: Direct		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									v	Amount	(A) or (D) Pri		Transac (Instr. 3	Transaction(s) (Instr. 3 and 4)			(instr. 4)	
Common S	tock, par va			<u> </u>	0/2005				J <sup>(2)</sup>		0	A	\$(		,375(1)		D	
		Т									sed of, onvertib			y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3A. Deeme Execution if any (Month/Da	Date,	4. Transactior Code (Instr. 8)		n of I		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ame of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e es ally g	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amour or Numbe of Shares	r				
Incentive Stock Option (right to buy)	\$2.78	07/07/2005			<b>J</b> (2)		0		(3)		07/07/2010	Common Stock	50,00	0 \$0	220,3	00	D	
Incentive Stock Option (right to buy)	\$3.3125	10/05/2005			J <sup>(2)</sup>		0		(3)		12/01/2010	Common Stock	30,15	0 \$0	220,3	00	D	
Nonqualified Stock Option (right to buy)	\$3.3125	10/05/2005			<b>J</b> <sup>(2)</sup>		0		(3)		12/01/2010	Common Stock	30,15	0 \$0	220,3	00	D	
Incentive Stock Option (right to buy)	\$3.59	11/08/2005			<b>J</b> <sup>(2)</sup>		0		(3)		11/08/2010	Common Stock	16,98	0 \$0	220,3	00	D	
Nonqualified Stock Option (right to buy)	\$3.59	11/08/2005			J <sup>(2)</sup>		0		(3)		11/08/2010	Common Stock	53,02	0 \$0	220,3	00	D	
Nonqualified Stock Option (right	\$3.28	11/14/2006			A <sup>(2)</sup>		40,000		(3)		11/14/2011	Common Stock	40,00	0 \$0	220,3	00	D	

## **Explanation of Responses:**

- 1. The reporting person also has a pecuniary interest in approximately 63,000 shares owned by the Venkol Trust.
- $2. \ This \ transaction \ was \ previously \ reported.$
- 3. Currently exercisable.

SAMUEL HERSCHKOWITZ, By /s/ PAUL G. HGHES,

01/05/2007

Attorney-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.