FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
vvasiliigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
-	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*  Martell Bridget A			<u>D</u> 1	2. Issuer Name and Ticker or Trading Symbol DELCATH SYSTEMS, INC. [ DCTH ]						(Che	elationship o ck all applic Directo	able)	erson(s) to Iss			
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/23/2024							Officer below)	(give title	Other (s below)	pecify
C/O DELCATH SYSTEMS, INC. 566 QUEENSBURY AVENUE				4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person				
(Street) QUEENS	SBURY N	Y	12804		D <sub>1</sub>	1 مار	10h5-1	1(c)	Transac	tion Ind	ication		Form fi Person		nan One Repo	ting
(City)	(St	ate)	(Zip)			Rule 10b5-1(c) Transaction Indication  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.							l to			
		Tab	le I - Non	-Deriv	vative	e Sec	curities	Ac	quired, Di	sposed c	of, or Be	neficiall	y Owned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		Code (Instr. 5)			5. Amour Securitie Beneficia Owned F	s Fally (Dollowing (1)	orm: Direct ) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code V	Amount	(A) or (D) Price		Reported Transact (Instr. 3 a	ion(s)		Instr. 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)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	oate,	4. Transaction Code (Instr. 8)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$7.85	05/23/2024			A		22,500		(1)	(1)	Common Stock	22,500	\$0	22,500	D	

## Explanation of Responses:

1. The option will vest and become exercisable at the rate of one-twelfth (1/12th) per month with the first such vesting to occur on May 23, 2024 and monthly thereafter for so long as the reporting person remains a director of Delcath Systems, Inc. (and subject to the terms and conditions of the Delcath Systems, Inc. 2020 Omnibus Equity Incentive Plan, as amended). The option will expire the earlier of 10 years from the grant date or, for vested options, two years from the last day of service.

/s/ David Hoffman, Attorneyin-Fact

05/28/2024

II-Fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.