FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number 3235-0104 Estimated average burden

Filed nursuant to Section 16(a) of the Securities Exchange Act of 1934											hours per response:		0.5
			1 1100	or Section 3	0(h) of the Inv	estment Company Act of 1940	•						
1. Name and Address of Reporting Person [*] <u>LANGER DENNIS</u>					3. Issuer Name and Ticker or Trading Symbol DELCATH SYSTEMS, INC. [DCTH]								
(Last) (First) (Middle) C/O DELCATH SYSTEMS, INC.					4. Relationship of Reporting Person(s) to Issuer (Check all applicable)					5. If Amendment, Date of Original Filed (Month/Day/Year)			
1301 AVENUE OF THE AMERICAS, 43RD FLOOR (Street)						Director Officer (give title below)			elow)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
NY									Fo	Form filed by More than One Reporting Person			
(City) (State) (Zip)													
			Table	e I - Non-De	erivative S	ecurities Beneficially Own	ed						
1. Title of Security (Instr. 4)						f Securities Beneficially Owned		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No securities are beneficially owned						0		D					
Exp			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative 5 (Instr. 4)			Exercise I of Derivat		rice Form: Dire	Direct (D) or		íal
			Date	Expiration Date	Title		1	Amount or Number of Shares	Security				
	(First) STEMS, INC. ITHE AMERICAS, 4 NY (State) r. 4) eficially owned	VIS (First) (Middle) STEMS, INC. THE AMERICAS, 43RD FLOOR NY 10019 (State) (Zip) r. 4) eficially owned	(Month/Dea (First) (Middle) STEMS, INC. THE AMERICAS, 43RD FLOOR NY 10019 (State) (Zip) r. 4) eficially owned	Reporting Person [*] VIS (First) (Middle) (First) (Middle) STEMS, INC. THE AMERICAS, 43RD FLOOR (State) (Zip) Table r. 4) eficially owned Tal (e.g., pr Curity (Instr. 4)	r. 4) eficially owned curity (Instr. 4) eficially curity (Instr. 4)	Reporting Person* 2. Date of Event Requiring Statement (Month/Day/Year) 3. Issuer N YIS 2. Date of Event Requiring Statement (Month/Day/Year) 3. Issuer N (First) (Middle) 12/11/2014 4. Relation (Check all X NY 10019 4. Relation (Check all X 4. Relation (Check all X (State) (Zip) Table I - Non-Derivative S r. 4) 2. Amount of (Instr. 4) 2. Amount of (Instr. 4) eficially owned Table II - Derivative See (e.g., puts, calls, warrants, r curity (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year) 3. Title and (Instr. 4)	Reporting Person* 2. Date of Event Requiring Statement (Month/Day/Year) 3. Issuer Name and Ticker or Trading Symbol DELCATH SYSTEMS, INC. [D (First) (Middle) STEMS, INC. 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) NY 10019 (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned (Instr. 4) o Table II - Derivative Securities Beneficially Owned (Instr. 4) Curity (Instr. 4)	Reporting Person* 2: Date of Event Requiring Statement (Month/Day/Year) 3. Issuer Name and Ticker or Trading Symbol VIS (First) (Middle) (First) (Middle) STEMS, INC. 12/11/2014 (First) (Middle) THE AMERICAS, 43RD FLOOR 2. Relationship of Reporting Person(s) to Issuer (Check all applicable) NY 10019 (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned (Instr. 4) 0 0 r. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 0 0 Table I - Derivative Securities Beneficially Owned (Instr. 4) 0 0 11. Derivative Securities Beneficially Owned (Instr. 4)	r. 4) 2. Date of Event Requiring Statement (Month/Day/Year) 3. Issuer Name and Ticker or Trading Symbol DELCATH SYSTEMS, INC. [DCTH] r. First) (Middle) STEMS, INC. 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) NY 10019 (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned (Instr. 4) Convertible Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) Curity (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)	Reporting Person* 2. Date of Event Requiring Statement (Diffuence) 3. Issuer Name and Ticker or Trading Symbol (First) (Middle) (First) (Middle) STEMS, INC. 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) NY 10019 (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned (D) or Indirect (I) (Instr. 4) Convertises Beneficially Owned (D) or Indirect (I) (Instr. 4) Convertises Beneficially Owned (P.G., putches, Calls, warrants, options, convertible Securities) Curity (Instr. 4) 2. Date of Event Requiring Date (Month/Day/Year) 3. Date Securities Beneficially Owned (P.G., putch Calls, warrants, options, convertible Securities) Curity (Instr. 4)	responsing Person* 2. Date of Event Requiring Statement (Month/Day/Year) 3. Issuer Name and Ticker or Trading Symbol (First) (Middle) (First) (Middle) STEMS, INC. 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) 5. If Amendment (Check all applicable) NY 10019 (State) (Zip) Table 1 - Non-Derivative Securities Beneficially Owned (Instr. 4) Conversion of Konstrip Table 1 - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities Table 1 - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities Curity (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 4. Conversion of Security 5. Own Security	Filed pursuant to Section 30(h) of the Securities Exchange Act of 1934 Reporting Person' VIS (First) (Middle) TFLE AMERICAS, 43RD FLOOR NY 10019 (State) (Zip) Table 1 - Non-Derivative Securities Beneficially Owned (nstr. 4) Conversion of (Month/Day/Fear) Conversion of (Check all applicable) NY 10019 (State) (State) (Check all applicable) (State) (State) (State) (State) (Check all applicable) (State) (State) (State) (State) (Check all applicable) (State) (State) (State) (State) (State) (State) (State) (State) (State) <td>Ried pursuant to Section 16(a) of the investment Company Act of 1934 Reporting Person* VIS 2. Date of Event Requiring Statement (Month/Day/Yean) 3. Issuer Name and Ticker or Trading Symbol (First) (Middle) STEEMS, INC. 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) 5. If Amendment, Date of Original Filed (Month/Day/Yean) NY 10019 6. Individual or Joint/Group Filing (Check Applicable Line) 5. If Amendment, Date of Original Filed (Month/Day/Yean) (State) (Zip) Table 1 - Non-Dert/vative Securities Beneficially Owned (Instr. 4) 5. Ownership Form: Direct (D) or Indirect (D) (Instr. 5) efficially owned 0 D D Curvity (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 0 D Curvity (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 0 D Curvity (Instr. 4)</td>	Ried pursuant to Section 16(a) of the investment Company Act of 1934 Reporting Person* VIS 2. Date of Event Requiring Statement (Month/Day/Yean) 3. Issuer Name and Ticker or Trading Symbol (First) (Middle) STEEMS, INC. 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) 5. If Amendment, Date of Original Filed (Month/Day/Yean) NY 10019 6. Individual or Joint/Group Filing (Check Applicable Line) 5. If Amendment, Date of Original Filed (Month/Day/Yean) (State) (Zip) Table 1 - Non-Dert/vative Securities Beneficially Owned (Instr. 4) 5. Ownership Form: Direct (D) or Indirect (D) (Instr. 5) efficially owned 0 D D Curvity (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 0 D Curvity (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 0 D Curvity (Instr. 4)

Remarks:

/s/ Barbra Keck, pursuant to a Confirming Statement Executed by Dennis Langer

** Signature of Reporting Person

12/15/2014 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 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).
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.

This Confirming Statement ("Statement") confirms that the undersigned, Dennis H. Langer, M.D., J.D., has authorized, directed and designated each of Barbra Keck, Pet

The authority of the Designees under this Statement shall continue until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersig

Date: December 11, 2014

Undersigned's Name: Dennis H. Langer, M.D., J.D.

Undersigned's Signature: /s/ Dennis H. Langer, M.D., J.D.

2421350.1

2421350.1

2421350.1