

DELCATH SYSTEMS INC  
Form 4  
March 23, 2005

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
**CORIGLIANO MARK**

(Last) (First) (Middle)

**1100 SUMMER STREET 3RD FLOOR**

(Street)

**STAMFORD, CT 06905**

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

**DELCATH SYSTEMS INC [DCTH]**

3. Date of Earliest Transaction (Month/Day/Year)

**03/22/2005**

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)	
			Code	V	Amount	(A) or (D)	Price	
Common Stock, par value \$0.01	03/17/2005		J <sup>(1)</sup>	0	A	\$ 0	41,500	D

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

**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 control number.**

SEC 1474 (9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	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 Amount of Underlying Security (Instr. 3 and 4)	Am Nur Sha
				Code V	(A) (D)	Date Exercisable Expiration Date	Title	
Warrant to Purchase	\$ 6.6	10/30/2001		J <sup>(1)</sup>	0	10/19/2001 10/18/2005	Common Stock	1
Nonqualified Stock Option (right to buy)	\$ 0.85	12/17/2001		J <sup>(1)</sup>	0	<sup>(2)</sup> 12/17/2006	Common Stock	30
Nonqualified Stock Option (right to buy)	\$ 1.03	08/25/2003		J <sup>(1)</sup>	0	<sup>(2)</sup> 08/25/2008	Common Stock	75
Nonqualified Stock Option (right to buy)	\$ 2.02	03/22/2005		A	140,000	<sup>(3)</sup> 11/03/2009	Common Stock	14

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CORIGLIANO MARK 1100 SUMMER STREET 3RD FLOOR STAMFORD, CT 06905		X		

## Signatures

/s/ MARK A.  
CORIGLIANO

03/23/2005

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* 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).

- (1) This transaction was previously reported.
- (2) Exercisable as to one-half of the shares on the first anniversary of grant and in full on the second anniversary of grant through expiration date.
- (3) Exercisable as to one-half of the shares on November 3, 2005 and in full on November 3, 2006 through the expiration date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.