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Koplewicz H	larold S											
Form 4	_											
July 02, 2008	3											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check thi	is box		vv as	anngton,	D.C. 203	747				January 31,		
if no long		IENT OF	CHAN	GES IN I	RENEFI	стат	OW	NERSHIP OF	Expires:	2005		
subject to Section 1)		CIIAI	SECUR		CIAI	2011		Estimated average burden hours per			
Form 4 or				SECON	11125							
Form 5		suant to Se	ection 10	6(a) of the	e Securiti	es Ex	chang	e Act of 1934,	response	0.5		
obligation	ns Section 17(-	1935 or Section	n			
may cont	inue.			vestment	•	• •						
See Instru 1(b).	iction	00(11) 0			compun.	,	01 17	•				
1(0).												
(Print or Type F	Responses)											
1. Name and A	ddress of Reporting	Person [*]	2. Issuer	Name and	Ticker or ²	Frading	J	5. Relationship of	Reporting Pers	son(s) to		
Koplewicz H	Harold S	5	Symbol					Issuer				
			-	TH SYST	FEMS IN	C [D	CTH]					
(Last)	(First) (I		(Check					k all applicable)				
								X Director 10% Owner				
C/O DELCATH SYSTEMS, 06/30/20				-				Officer (give title Other (specify				
INC., 600 5TH AVENUE, 23RD				000				below) below)				
FLOOR	,											
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check				
								Applicable Line)				
X Form filed by O												
NEW YORI	K, NY 10020							Form filed by M Person	Iore than One Re	porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Aca	uired, Disposed of	f. or Beneficial	lv Owned		
1.Title of	2. Transaction Date	A Daama					_			-		
Security	(Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of (D)				5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)	()	any (Month/Day/Year)		Code (Instr. 3, 4 and 5)					(D) or Indirect (I)	Beneficial		
				(Instr. 8)			Owned	Ownership				
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Cala V	A	or	D.::	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price					
Stock, par	06/30/2008			А	10,000	А	\$	55,000	D			
value \$0.01	00/30/2008			Α	(1)	Α	2.47	55,000	D			
value \$0.01												

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.

 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships						
ForBoo	Director	10% Owner	Officer	Other				
Koplewicz Harold S C/O DELCATH SYSTEM 600 5TH AVENUE, 23RD NEW YORK, NY 10020	· · · · · · · · · · · · · · · · · · ·	Х						
Signatures								
/s/ Harold Koplewicz	07/02/200)8						
**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).
- The 10,000 shares of common stock were awarded as compensation for the reporting person's service on the Company's board of (1) directors.

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.