SEC Form 4	
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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).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] Manna Michael Edward					2. Issuer Name and Ticker or Trading Symbol ULTRALIFE CORP [ULBI]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Manna</u>	Michael	Eawara					<u> </u>		• 1			X Director 10% Owne					
(Last)	(Fi	rst) (ľ	/liddle)		3. Date of Earliest Transaction (Month/Day/Year)					-	X Offic below	er (give title v)		Other (s below)	specify		
2000 TE	03/06/2023								Presiden	t and CE	0						
(Street) 4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Ir Line		r Joint/Grou	ıp Filing (Cl	heck A	pplicable							
NEWAR	K N	τ 1	4513									X Form	n filed by On	e Reporting	g Perso	on	
(City)	(St	ate) (2	Zip)		For							Form Pers		filed by More than One Reporting n			
		Table	I - Non-De	erivative	Secu	rities Acq	uired,	Disp	oosed of,	or Ber	neficia	lly Own	ed				
Date				ay/Year) Execution Date,		Execution Date, Transaction Disposed Of (D) (Instr. 3											
1. Title of	Security (Ins	tr. 3)	Dat	Fransaction te onth/Day/Year	Exe) if an	cution Date,	Transa Code (Disposed O			d Securi Benefi Owned	cially Following	6. Owners Form: Dir (D) or Indi (I) (Instr. 4	rect irect 4)	7. Nature of Indirect Beneficial Ownership	
1. Title of	Security (Ins	tr. 3)	Dat	te	Exe) if an	cution Date,	Transa Code (Disposed O			d Securi Benefi Owned Report Transa	ties cially I Following	Form: Dir (D) or Indi	rect irect 4)	of Indirect Beneficial	
	Security (Ins		Dat (Mo	te	Exe) if an	cution Date,	Transa Code (8)	Instr.	Disposed O 5)	f (D) (Inst	r. 3, 4 and	d Securi Benefi Owned Report Transa (Instr.	ties cially I Following ted action(s)	Form: Dir (D) or Indi	rect irect 4)	of Indirect Beneficial Ownership	
) par value	Dat (Mo 0. Die II - Der	a/06/2023	ecuri	cution Date,	Transa Code (8) Code P	v V Dispo	Disposed O 5) Amount 2,500 osed of, o	f (D) (Inst (A) or (D) A r Bene	r. 3, 4 and Price \$4.13 ficially	d Securi Benefi Owned Report Transa (Instr.	ties cially I Following ted iction(s) 3 and 4) 0,500	Form: Dir (D) or Indi (I) (Instr. 4	rect irect 4)	of Indirect Beneficial Ownership	

Disposed of (D) (Instr. 3, 4 and 5)	3 and 4) `	Reported Transaction(s) (Instr. 4)	
Code V (A) (D) Date Exercisa	Expiration Date Title Shares	r l	

Explanation of Responses:

/s/ Michael Manna

0<u>3/07/2023</u> n Date

** Signature of Reporting Person 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.