FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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* <u>CHOLMONDELEY PAULA H</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol ULTRALIFE BATTERIES INC [ULBI] | | | | | | | | | lationship ck all appli Directo | • | | | |
|--|---|--|---|-----------------------------|---|---|-------|-----------------------------------|--------------------------------------|--|-------------------|--|-------|----------------------------------|---|---|----|--|---|
| (Last) 2000 TE | ` | rst) GY PARKWAY | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2004 | | | | | | | | | | below) | Officer (give title below) | | Other (s | |
| (Street) NEWAR (City) | NEWARK NY 14513 City) (State) (Zip) | | | | | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | saction | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | A) or | 5. Amou Securitie Benefici | nt of es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | ount (A) or (D) | | Price | Transac (Instr. 3 | ransaction(s) Instr. 3 and 4) | | | (iiisti. 4) |
| Common | Stock, \$.10 | • | āble II - | | | | | | | | sed of onverti | | | | | 065 | | D | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, Transact Code (In: | | | | | 6. Date E: Expiration (Month/D | Date | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisal | | xpiration ate | Title | or | ount mber ares | | | | | |
| Common Stock \$.10 par value | \$10.17 | 09/30/2004 | | | A | | 3,000 | | 09/30/20 | 04 09 | 9/30/2011 | Commo Stock; \$.10 pa | 130 | 000 | \$0 | 3,000 | | D | |

Explanation of Responses:

Remarks:

Peter F. Comerford by authority of Paula Cholmondeley

10/01/2004

** Signature of Reporting Person

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 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.