FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average t | ourden | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 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* POPIELEC MICHAEL D | | | | | 2. Issuer Name and Ticker or Trading Symbol ULTRALIFE CORP [ULBI] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|---|--|--|---|---------|---|--|--------|------------------|---|---|---------|---|---------------|---|---|--|---|--|---|---------------------------------------|--|
| POPIEI | LEC MIC | <u>παει υ</u> | | | | | | | | | • | | | | X | Direc | tor | | 10% C | wner | |
| (Last) (First) (Middle) | | | | | 3. D | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | X | Officer (give title below) | | | Other (specify below) | | |
| ULTRALIFE CORPORATION | | | | | | 05/10/2012 | | | | | | | | | President and CEO | | | | | | |
| 2000 TE | CHNOLOG | Y PARKWAY | | | | | | | | | | | | | | | | | | | |
| | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | 4540 | | | | | | | | | | | | ne) X | Form | i filed by One | e Repor | rtina Pers | on | |
| NEWARK NY 14513 | | | | | | | | | | | 21 | | filed by Mor | | • | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Pers | on | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curiti | es Ac | quired | , Dis | posed o | f, oı | Bene | ficia | ally C | wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | Code | Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5) | | | | | 4 and Secu Bene Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | . 17 | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock; \$.10 par value 05/09/ | | | | | 2012 | | P | | 15,500 | | A | \$4.38 | | 115,500 | | | D | | | | |
| Common Stock; \$.10 par value 05/10/2 | | | | | /2012 | | P | | 9,500 | | A | \$4.49 | | 125,000 | | | D | | | | |
| | 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. Deeme Execution if any (Month/Da | Date, | 4. Fransaction Code (Instr. 3) | | n of | | Expirati | 6. Date Exerciss Expiration Date (Month/Day/Yea | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | vnership rm: rect (D) Indirect | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Nun of | | | | | | | | | |

Explanation of Responses:

Remarks:

/s/Peter F. Comerford attorneyin-fact for Michael D. Popielec 05/10/2012

** 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.