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 burden								
hours per response:	0.5							

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*						2. Issuer Name and Ticker or Trading Symbol ULTRALIFE CORP [ULBI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
POPIELEC MICHAEL D					٦	OBITATION DONE								Director	r	10% Own		vner	
(Last)	(F	irst)	(Middle)			Date of Earliest Transaction (Month/Day/Year)								Officer (below)			Other (s below)	pecify	
2000 TECHNOLOGY PARKWAY					08	08/10/2021								Dire	Director, President and CEO				
(Ctrant)					- 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) NEWAR	K N	Y	14513										Line	·	Form filed by One Reporting Person				
,					-									Form fil Person	m filed by More than One Reporting				
(City)	(S	tate)	(Zip)											1 013011					
		Ta	ble I - No	n-Deri	ivativ	/e Se	ecuri	ities Acc	uired	, Dis	posed of	, or Ben	eficially	/ Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution ay/Year) if any		A. Deemed Execution Date, f any Month/Day/Year)				s Acquired (A) or f (D) (Instr. 3, 4 and !		Beneficia Owned F	s Illy ollowing	Form: (D) or	: Direct	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)		
Common Stock; \$.10 par value 08/10/			0/202	/2021		M		12,709 ⁽¹⁾ A \$		\$3.710	3 309	309,926		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)	Derivative Conversion Date Execution Dat Security or Exercise (Month/Day/Year) if any			Date,	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
													Amount		(Instr. 4)	(-,			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Number of Shares						
Stock Options	\$3.7103	08/10/2021			M			40,000 ⁽²⁾	08/10/2	2021	03/03/2022	Common Stock	40,000	\$0	0		D		

Explanation of Responses:

1. (1) Represents shares of common stock acquired by the Reporting Person upon exercise of options for 40,000 shares of common stock of the Company, net of 27,291 shares of common stock retained by the Company at a price determined pursuant to the terms of the Company's 2014 Long Term Incentive Plan in payment of the exercise price for the options and the Reporting Person's individual tax withholdings.

 $2. \ (2) \ Represents \ exercise \ of \ options \ for \ 40,000 \ shares \ of \ common \ stock \ of \ the \ Company \ otherwise \ expiring \ on \ 3/3/2022.$

/s/ Michael D. Popielec 08/12/2021

** 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.