FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | hours per response: | 0.5 | | | | | | |

| | Check this box if no longer subject to | | | | | | | | |
|--------|----------------------------------------|--|--|--|--|--|--|--|--|
| \neg | Section 16. Form 4 or Form 5 | | | | | | | | |
| \cup | 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

| | | | | | _ | | . , | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|---------------------------------------------------------------------|--|-----------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------|---------------|-----------------------------------------|---------|-----------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------|-------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------|--|
| | d Address of ON PATR | | 2. Issuer Name and Ticker or Trading Symbol ULTRALIFE CORP [ULBI] | | | | | | | | | | 5. Relationship of Reporti (Check all applicable) | | | | ig Person(s) to Issuer | | | | | |
| DAIM | | | | | | | | | | | | X | Direc | ctor | | 10% C | wner | | | | | |
| (Last) (First) (Middle) ULTRALIFE CORPORATION | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2012 | | | | | | | | | | | Office | er (give title w) | e Other below) | | (specify | |
| 2000 TE | CHNOLOG | 4 15 | | | | | | | | | | | | | C. Ladicidus I and Drivet Consum Filling (Obsert A. 17. 17. | | | | | | | |
| | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | | Individual or Joint/Group Filing (Check Applicabl Line) | | | | |
| (Street) | | | | | | | | | | | | | | | | X | Form filed by One Reporting Person | | | | on | |
| NEWARI | K NY | Y 1 | 14513 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | orting | |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | r) E | Execution | A. Deemed execution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | and : | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Co | de V | , | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock; \$.10 par value 11/15/ | | | | | | | 012 | | | 1 | | 3,367 | ,367 A | | \$ | 0 | 128,490 | | D | | | |
| Common Stock; \$.10 par value | | | | | | | | | | | | | | | | | 6,200 | | | I | Held jointly with spouse | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | | |
| L. Title of Derivative Security Instr. 3) 2. Conversion or Exercise Price of Derivative Security Output 3. Transaction Date Execution Date (Month/Day/Year) Execution Date (Month/Day/Year) (Month/Day/Year) | | | | | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) o Disp of (D (Instr | 6. Dat Expira (Mont | ation D | ate | ble and | 7. Title and Amount of Securities Underlying Derivative Security (In and 4) | | | 8. Price of Derivative Security (Instr. 5) | ative ity | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | | xpiration ate | Title | or Nui of | ount nber ires | | | | | | | |

Explanation of Responses:

Remarks:

/s/Philip A. Fain attorney-infact for Patricia C. Barron

11/15/2012

** 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.