FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	OMB Number: 3235-0287							
Estimated average burden								
hours per response:	0.5							

to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Sec									CHANGES IN BENEFICIAL OWNERSHIP OMB Number: 3235-0 Estimated average burden hours per response: hours per response:											
1. Name and Address of Reporting Person [*] FAIN PHILIP A					2. Issuer Name and Ticker or Trading Symbol <u>ULTRALIFE CORP</u> [ULBI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) 2000 TE	```	First) (Middle) DGY PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 12/16/2021								- X Officer (give title Other (specify below) below) CFO and Treasurer						
(Street) NEWAR (City)			4513 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								 Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 						
		Table	I - No	on-Deriva	tive S	Secu	rities	S Acq	luired	, Dis	posed of	, or Be	enefic	ially Own	ed					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution Date,		ate,	3.4. Securities Acqu Disposed Of (D) (I 5)8)					nd Secur Benef Owne	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D)	Price	Trans	action(s) 3 and 4)			(
Common Stock; \$.10 par value			12/16/2021		1		Р		300	A	\$5.4	518 1	18,460		D					
Common Stock; \$.10 par value 12			12/16/2	16/2021				Р		634	A	\$5.4	518 1	.19,094		D				
Common Stock; \$.10 par value			12/16/2	12/16/2021				Р		906	A	\$5.4	518 12	120,000		D				
		Tal	ble II ·								osed of, convertib				d					
Derivative Conversion Date Exec Security or Exercise (Month/Day/Year) if any		if any	tion Date, Transa Code (h/Day/Year) 8)		(Instr.	nstr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		ate Year) Expiration	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amou or Numb of Share		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

/s/ Philip A. Fain

12/16/2021 ** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.