FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C.	20549
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STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIP

	OMB APPF	ROVAL
- 1		
	OMB Number:	3235-0287
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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

Name and Address of Reporting Person* Manna Michael Edward				2. Issuer Name and Ticker or Trading Symbol ULTRALIFE CORP [ULBI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
IVIdillid	MICHAEL	<u>Euwaru</u>									•			X Directo	r		10% Ow	ner	
(Last)	(F	irst)	(Middle)						Date of Earliest Transaction (Month/Day/Year)					Conficer Melow)	(give title		Other (spelow)	pecify	
2000 TE	CHNOLOG	GY PARKWAY			03/	05/23/2023								President and CEO					
2000 12	OIII.OLO C	71 111111111111111			4.16	4 16 Amoundment Date of Original Filed (Month/Day 0.65 a.)								C. La dividual and Taiat/Ourses Ellins (Obstate 6. 17. 14.					
(Street)					_ ^{4. IT}	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
NEWAR	K N	Y	14513											X Form fi	led by One	Repo	rting Persor	n	
					-								Form filed by More than One Reportir Person			ting			
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication														
					$ \sqcup$	Cheo	ck this fy the	affirmative	ate that a defense co	transa nditio	action was m ns of Rule 10	ade pursua 0b5-1(c). Se	nt to a contr e Instructio	act, instruction n 10.	n or written p	olan th	at is intended	to	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1 Title of	Security (Inc	tr 2)		2. Trans	saction	7,	Δ De	emed	3.		4 Securiti	es Acquire	d (A) or	5. Amou	nt of	6 Ov	nership 7	7. Nature	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		Transaction Code (Instr. 8) Disposed Of (D) (Instr. 3, 4			5) Securitie Benefici Owned F	ties Form cially (D) (I Following (I) (I		: Direct r Indirect str. 4)	f Indirect eneficial wnership						
								Code	v	Amount	(A) or	Price	Transact	tion(s)		(Instr. 4)		
											+ '	1.	+	<u>'</u>					
Common Stock; \$.10 par value 05/19/2				9/2023				M		315(1)	A	\$4.290	11,	,815		D			
		-	Table II -	Deriv	ative S	Sec	uriti	es Acaı	ıired. D	isp	osed of,	or Bene	eficially	Owned					
											onvertik								
		Transac Code (In	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative St (Instr. 3 and		of S Ig e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)							
									Amount or Number		(Instr. 4)								
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	of Shares						
Stock Options	\$4.2902	05/19/2023			М				05/19/20	23	06/01/2023	Common Stock	10,000	\$0	0		D		

Explanation of Responses:

- 1. Represents shares of common stock acquired by the Reporting Person upon exercise of options for 10,000 shares of common stock of the Company, net of 9,685 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.
- 2. Represents exercise of options for 10,000 shares of common stock of the Company.

/s/ Michael E. Manna

05/23/2023

** Signature of Reporting Person

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.