FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | 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 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*  FISHBACK ROBERT W  (Last) (First) (Middle)  2000 TECHNOLOGY PKWY                                   |   |  |  |       |   | 2. Issuer Name and Ticker or Trading Symbol  ULTRALIFE BATTERIES INC [ ULBI ]  3. Date of Earliest Transaction (Month/Day/Year)  12/31/2003 |                  |   |  |                                      |                    |   |                                      | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title below) below)  VP of Finance and CFO |                                     |   |   | Owner<br>er (specify<br>w)                          |
|--|---|--|--|-------|---|---|------------------|---|--|--------------------------------------|--------------------|---|--------------------------------------|---|-------------------------------------|---|---|---|
| (Street) NEWAR (City)  | NEWARK NY 14513   |  |  |       |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |                  |   |  |                                      |                    |   |                                      | 6. Indiv<br>Line)<br>X  | '                                   |   |   |   |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |  |  |       |   |   |                  |   |  |                                      |                    |   |                                      |   |                                     |   |   |   |
| 1. Title of Security (Instr. 3)  2. Trans Date (Month/)  |   |  |  |       |   | ar)   i   | Execution if any | A. Deemed<br>xecution Date,<br>any<br>lonth/Day/Year) |  | Transaction Disposed Code (Instr. 5) |                    | rities Acquired (A)<br>ed Of (D) (Instr. 3,   |                                      |   | Securi<br>Benefi                    | cially<br>I Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |
|  |   |  |  |       |   |   |                  |   | Code   | v                                    | Amount             | (A  | ) or Pr                              | rice Trans  |                                     | action(s)<br>3 and 4)   |   | (Instr. 4)  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |  |       |   |   |                  |   |  |                                      |                    |   |                                      |   |                                     |   |   |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Day | Date, | 4.<br>Transactior<br>Code (Instr.<br>8) |   |                  |   | 6. Date Exercisable a<br>Expiration Date<br>(Month/Day/Year) |                                      | е                  | nd 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instrand 4) |                                      | Deri<br>Secu<br>(Inst   | Price of erivative ecurity istr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr. 4    | Beneficial<br>Ownership<br>(Instr. 4)               |
|  |   |  |  |       | Code                                    | v   | (A)              | (D)   | Date<br>Exercisal  |                                      | Expiration<br>Date | Title   | Amoun<br>or<br>Numbe<br>of<br>Shares | r   |                                     |   |   |   |
| Options <sup>(1)</sup>   | \$12.38   | 12/31/2003                                 |  |       | A                                       |   | 334              |   | 12/31/200  | )3                                   | 12/31/2010         | Cm <sup>(2)</sup>   | 334                                  | :   | \$ <mark>0</mark>                   | 334   | D   |   |
| Options <sup>(1)</sup>   | \$12.38   | 12/31/2003                                 |  |       | A                                       |   | 333              |   | 12/31/200  | )4                                   | 12/31/2010         | Cm <sup>(2)</sup>   | 333                                  |   | \$0                                 | 333   | D   |   |
| Options <sup>(1)</sup>   | \$12.38   | 12/31/2003                                 |  |       | A                                       |   | 333              |   | 12/31/200  | )5                                   | 12/31/2010         | Cm <sup>(2)</sup>   | 333                                  |   | \$0                                 | 333   | D   |   |

## Explanation of Responses:

- 1. Option=Option to purchase Common Stock \$.10 par value.
- 2. Cm=Common Stock, \$.10 par value.

Robert W. Fishback 01/02/2004

\*\* 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.