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COMEFORD	PETER F											
Form 4	-											
April 01, 200												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										PPROVAL		
Washington, D.C. 20549									OMB Number:	3235-0287		
Check this box					igton, D.C. 20349					January 31		
if no longe subject to	er STAT	EMENT O	F CHAN	GES IN B	BENEFI	CIAL	OW	NERSHIP OF	Expires: 200 Estimated average			
Section 16	.			SECURITIES					Estimated a burden hou			
Form 4 or										response 0.		
Form 5	с ·	^						ge Act of 1934,				
obligation may contin				•	.			of 1935 or Section	n			
See Instru		30(h)	of the Inv	vestment (Company	/ Act	of 19	40				
1(b).												
(Print or Type R	esponses)											
(i iiii oi i jpe ii	esponses)											
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationship of								Reporting Person(s) to				
COMEFORI	Symbol	-				Issuer						
				ULTRALIFE BATTERIES INC				(Charle all applicable)				
	[ULBI]					(Check all applicable)						
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	nsaction			Director		6 Owner		
			(Month/Da	(Month/Day/Year)				_X_ Officer (give title Other (specify below)				
2000 TECHN	NOLOGY PA	ARKWAY	03/31/20	005				· · · · · · · · · · · · · · · · · · ·	in. & General (Counsel		
	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check						
	Filed(Mon	Filed(Month/Day/Year)				Applicable Line)						
						X Form filed by One Reporting Person Form filed by More than One Reporting						
NEWARK, N	NY 14513							Person	viole than one its	eporting		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurit	ies Ac	quired, Disposed o	f, or Beneficial	llv Owned		
1.Title of	2. Transaction	Date 2A. Dee		3.	4. Securit			5. Amount of	6. Ownership	-		
Security	(Month/Day/Y		on Date, if	Transactio				Securities	Form: Direct	Indirect		
(Instr. 3)		any	(m) (m m)	Code	Disposed			Beneficially	(D) or	Beneficial		
		(Month)	/Day/Year)	(Instr. 8)	(Instr. 3, 4	4 and 3))	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
								Reported	(moute 1)	(11501.1)		
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common												
Stock, \$.10								6,540	D			
par value												

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

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 control number.

 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. P Der Sec (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 17.12	03/31/2005		А	334	03/31/2005	03/31/2012	Common Stock; \$.10 par value	334	
Stock Option (Right to Buy)	\$ 17.12	03/31/2005		A	333	03/31/2006	03/31/2012	Common Stock; \$.10 par value	333	
Stock Option (Right to Buy)	\$ 17.12	03/31/2005		A	333	03/31/2007	03/31/2012	Common Stock; \$.10 par value	333	

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
COMEFORD PETER F 2000 TECHNOLOGY PARKWAY NEWARK, NY 14513			VP of Admin. & General Counsel				

Signatures

Peter F. Comerford 04/01/2005

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.