FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to | STAT |
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| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>LEVINE ELLEN R</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Ryman Hospitality Properties, Inc. [RHP] | | | | | | | | | | ck all appl | • | | rson(s) to Iss 10% Ov | | |
|---|--|---|----------------|-------|---|--|---|---|-------------------|--|------------------|-----------------|--------------------------------|---|--|--|-----------------------|--|---------------------------------------|--|
| (Last) 250 WES | (F ST 55TH S | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/15/2019 | | | | | | | | | Office below | r (give title) | | Other (specify below) | | | |
| (Street) NEW YO | | | 10019 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Inc Line) | Form | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/E | | | | Date | Execution Date | | | Code | | 5) (4) or | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | | ´ c | ransa ode (I | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr | rities lired r osed) . 3, 4 | Expiration | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | d f g Secuind 4) | [S | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | С | ode | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amo or Num of Shar | ber | | | | | | |
| Restricted Stock | \$0.00 | | | | | | | | (1) | | (1) | Common Stock | 1,2 | 62 | | 1,262 ⁽²⁾ |) | D | | |

Explanation of Responses:

- 1. Restricted stock unit vests 100% on the first anniversary date of the restricted stock unit award.
- 2. In accordance with the terms of the reporting person's outstanding restricted stock unit awards, as a result of the \$0.90 dividend per share of outstanding common stock paid by the issuer on April 15, 2019, the reporting person received additional restricted stock units in an amount based on the amount of the dividend per share and the closing price of the issuer's common stock traded on the NYSE on March 29, 2019.

Remarks:

Scott J. Lynn, Attorney-in-Fact for Ellen R. Levine

04/16/2019

** 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.