FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington, L	.C. 20549
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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(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
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l	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

Name and Address of Reporting Person* Lynn Scott J					2. Issuer Name and Ticker or Trading Symbol Ryman Hospitality Properties, Inc. [RHP]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) ONE GA	(Fi	*	(Middle)												^ below) "	Other (specify below)		specify	
(Street) NASHV	ILLE TI	N :	37214		4. If									Lin	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)			Person														
		Tabl	le I - Non	-Deriva	ative	Sec	uritie	es Ac	cquir	ed, D	oisp	osed o	of, or	Ber	neficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Executio			Co	Transactio Code (Inst			ities Acquired (A) d Of (D) (Instr. 3, 4			d Securiti Benefic Owned	neficially ned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Co	ode \	,	Amount		A) or O)	Price	Reported Transaction(s) (Instr. 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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,		ransaction of Ex ode (Instr. Derivative (M			Expiration Date Amou (Month/Day/Year) Securi Under Deriva			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Ex Da	piration ate	Title		Amount or Number of Shares					
Restricted Stock Units	\$0.00								(:	1)		(1)	Comm		707		707 ⁽²⁾)	D	
Restricted Stock Units	\$0.00								(3	3)		(3)	Comm		1,374		1,374 ⁽²	2)	D	
Restricted Stock Units	\$0.00								(4	4)		(4)	Comm		2,005		2,005 ⁽²	2)	D	
Restricted Stock Units	\$0.00								(5	5)		(5)	Comm		3,592		3,592 ⁽²	2)	D	

Explanation of Responses:

- 1. Restricted stock unit vests on a one-to-one share basis on March 15, 2021.
- 2. In accordance with the terms of the reporting person's outstanding restricted stock unit awards, as a result of the \$0.95 dividend per share of outstanding common stock paid by the issuer on April 15, 2020, 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 31, 2020.
- 3. Restricted stock unit vests on a one-to-one share basis ratably in 1/4 increments for four years beginning on March 15, 2019.
- 4. Restricted stock unit vests on a one-to-one share basis ratably in 1/4 increments for four years beginning on March 15, 2020.
- 5. Restricted stock unit vests on a one-to-one share basis ratably in 1/4 increments for four years beginning on March 15, 2021.

Remarks:

Scott J. Lynn

04/15/2020

** 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.