FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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

					0.	Occui	011 00(1	1) 01 1110		Councin	. 0011	ipariy Act	01 10								
1. Name and Address of Reporting Person* $\underline{Lynn\ Scott\ J}$						2. Issuer Name and Ticker or Trading Symbol Ryman Hospitality Properties, Inc. [RHP]										5. Relationship of Repo (Check all applicable) Director			10% Ov	vner	
(Last) ONE GA	ast) (First) (Middle) NE GAYLORD DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 03/15/2017											Officer (give title below) SVP, Secre		Other (s below) and GC	specify	
Street) NASHVILLE TN 37214					4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applica Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)													Pers	on				
			le I - No	1		_			qu		Disp					-		100	1		
Date					Transaction ate Ionth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Ir		action Dispose		ities Acquired (A) d Of (D) (Instr. 3, 4			Secur Benet Owne	5. Amount of Securities Beneficially Owned Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Ī	Code	v	Amount		(A) or (D)	Price		ted action(s) 3 and 4)			(Instr. 4)	
Common	Common Stock					7				M		1,188		A	\$0.0	0 1	12,419		D		
Common Stock					03/15/2017					F		499(1	.)	D	\$0.0	0 1	11,920		D		
Common Stock				03/15/2017		7				M		822	A		\$0.00	0 1	12,742		D		
Common	Stock			03/1	5/201	7				F		345 ⁽²	2)	D	\$0.0	0 1	2,397	D			
Common	Stock																1,993			by 401(k)	
		7	able II -									sed of, onverti				/ Owne	I	7	,		
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/Da	Date,	4. Transaction Code (Instr 8)		of Deri Sec Acq (A) (Disp of (I	oosed D) tr. 3, 4	Ex	Date Exe piration onth/Day	Date		Amo Seco Und Deri	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivativ Security (Instr. 5)		e Over Section Ove	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Da:	te ercisabl		Expiration Date	Title		Amount or Number of Shares						
Restricted Stock Units	\$0.00	03/15/2017			M			1,188	03	3/15/2017	7 02	2/24/2019		nmon ock	1,188	\$0.00	2,34	19	D		
Restricted	\$0.00	03/15/2017			M			822	03	3/15/2017	7 0	2/24/2020		nmon	822	\$0.00	2,45	i5	D		

Explanation of Responses:

- 1. Represents shares withheld to satisfy Mr. Lynn's tax withholding obligation with respect to the 1,188 shares of common stock issued upon the vesting of time-based restricted stock units (including accrued dividend equivalent units payable in additional shares of common stock) on March 15, 2017. Mr. Lynn's retained the remaining 689 shares.
- 2. Represents shares withheld to satisfy Mr. Lynn's tax withholding obligation with respect to the 822 shares of common stock issued upon the vesting of time-based restricted stock units (including accrued dividend equivalent units payable in additional shares of common stock) on March 15, 2017. Mr. Lynn's retained the remaining 477 shares.

Remarks:

Scott J. Lynn

03/15/2017

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

** Signature of Reporting Person Date

* 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.