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 | | | | | | | | | | |

0.5

hours per response:

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* TODD CARTER R | | | | | <u>G</u> / | 2. Issuer Name and Ticker or Trading Symbol GAYLORD ENTERTAINMENT CO /DE [GET] | | | | | | | | | | Check | all app | olicable) ctor | g Person(s) to Is | | wner |
|---|--|-----|-------------|---------|--------------------------------------|--|--------------------------------|--|-----|--|------|---------------------|---|-------------|--------|--|--|---|---|--------------|--|
| (Last) (First) (Middle) ONE GAYLORD DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/05/2003 | | | | | | | | | | X Officer (give title Other (specify below) Senior VP & Secretary | | | | | |
| (Street) NASHVILLE TN 37214 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Se | curit | ies A | cqı | uired, | Disp | osed o | f, or | Bene | eficia | ally (| Owne | ed | | | |
| Date | | | | | Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | rities Acquired (A) ed Of (D) (Instr. 3, | | | 4 and Sec Ber Ow | | ount of ties cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code | v | Amount | (| A) or D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock ⁽¹⁾ 11/05/ | | | | | | | | | | A | | 8,000 | 0 A | | (2 | (2) | | 3,000 | D | | |
| | | Ta | able II - D | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date if any (Month/Day/Year) | | | | 4. Transaction Code (Instr. 8) | | n of De See Ac (A) Dis of (In: | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Director Inc (I) (In: | (D) irect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. On November 5, 2003, Mr. Todd was awarded 8,000 shares of restricted stock. The shares of restricted stock vest in 25% increments over the next four years, with the first date of vesting November 5, 2004.
- 2. This acquisition is exempt from the provisions of Section 16(b) pursuant to the provisions of Exchange Act Rule 16b-3 and therefore the acquisition price is not applicable.

Remarks:

s/ Carter R. Todd

11/07/2003

** 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.