FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVIB A	PPROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per respor	nse: 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

Name and Address of Reporting Person*     Chaffin Patrick S					<u>R</u>	2. Issuer Name and Ticker or Trading Symbol  Ryman Hospitality Properties, Inc. [ RHP ]							(Che	eck all applic Director Officer	tionship of Reporting all applicable) Director Officer (give title		10% Ov Other (s	vner		
(Last) ONE GA	(F AYLORD D	rirst) RIVE	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/24/2016								,	below) below) SVP, Asset Management						
(Street) NASHV	ILLE T	N	37214		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Appli Line)  X Form filed by One Reporting Person  Form filed by More than One Reporti										n				
(City)	(S	state)	(Zip)	Zip)										Person						
		Та	ble I - Nor	ı-Deri	vativ	re Se	curiti	es Ac	quired,	Dis	posed of	, or Ben	eficially	y Owned						
Date				saction /Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Code (Instr.		es Acquired Of (D) (Instr	i (A) or : 3, 4 and	5. Amour Securities Beneficia Owned For	s Illy ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(111511.4)		
Common Stock			02/2	02/24/2016				М		2,250	A	\$0.00	13,	13,268		D				
Common Stock			02/2	02/24/2016				F		600(1)	D	\$0.00	12,668			D				
			Table II -								osed of, onvertib			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,	4. Transaction Code (Instr. 8)		Derivative		6. Date Ex Expiration (Month/Da	n Date	Amount of		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction	Ownersh Form: Direct (D) or Indirec (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)				
Restricted Stock Units	\$0.00	02/24/2016			M			2,250	02/24/20	16	02/24/2016	Common Stock	2,250	\$0.00	0		D			
Restricted Stock Units	\$0.00	02/24/2016			A		3,099		03/15/201	7 <sup>(2)</sup>	03/15/2020	Common Stock	3,099	\$0.00	3,099	)	D			
Restricted Stock Units	\$0.00	02/24/2016			Α		3,367		03/15/201	9(3)	03/15/2019	Common Stock	3,367	\$0.00	3,367	$,  \Big]$	D			

## Explanation of Responses:

- 1. Represents shares withheld to satisfy Mr. Chaffin's tax withholding obligation with respect to the 2,250 shares of common stock issued upon the vesting of performance-based restricted stock units on February 24, 2016. Mr. Chaffin retained the remaining 1,650 shares.
- 2. Time-based restricted stock units vest ratably over four years beginning on March 15, 2017.
- 3. Performance-based restricted stock units will vest on March 15, 2019 between 0% and 150% of the "target" performance level (the number of shares listed herein) based on the Company's achievement of total stockholder return relative to the median of two peer groups designated by the Company's compensation committee.

## Remarks:

Scott J. Lynn, Attorney-in-Fact for Patrick S. Chaffin 02/26/2016

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.