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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | Check this box if no longer subject to |
|---|--|
| | |
| 1 | Section 16. Form 4 or Form 5 |
| | obligations may continue. See |
| | Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287

| Estimated average burden | |
|--------------------------|-----|
| hours per response: | 0.5 |

| 1. Nume and Address of Reporting Ferson | | | 2. Issuer Name and Ticker or Trading Symbol <u>Ryman Hospitality Properties, Inc.</u> [RHP] | | tionship of Reporting Person all applicable) Director | n(s) to Issuer | |
|---|------------------|----------|---|--|---|--------------------------|--|
| | | | | | | | |
| (Last) INTERPUBLIC | (First) GROUP | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2016 | | Officer (give title below) | Other (specify below) | |
| | | | | | | | |
| 909 THIRD AVENUE | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Appli Line) | | | |
| (Street) | | | | X | Form filed by One Report | ing Person | |
| NEW YORK | NY | 10022 | | | Form filed by More than C Person | One Reporting | |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 5) | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---------------------------------|--|---|-----------------|---|--------|----------------------------|---|---|--|-----------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (11150.4) |

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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | vative rities lired r osed) r. 3, 4 | Expiration Date (Month/Day/Year) | | Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-----|--|-------------------------------------|--------------------|-----------------|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Restricted Stock Units | \$0.00 | | | | | | | (1) | (1) | Common Stock | 1,474 | | 1,474 ⁽²⁾ | D | |

Explanation of Responses:

1. Restricted stock units vest 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 \$0.70 dividend per share of outstanding common stock paid by the issuer on January 15, 2016, 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 December 30, 2015.

Remarks:

Scott J. Lynn, Attorney-in-Fact 01/15/2016

for Michael I. Roth

** 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.

Date