FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHA	NGES IN	BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	hours per response:	0.5

5. Relationship of Reporting Person(s) to Issuer

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

1. Name and Address of Reporting Person*

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

2. Issuer Name **and** Ticker or Trading Symbol

<u>Chaffin Patrick S</u>					Ryman Hospitality Properties, Inc. [RHP]										IICCK (Director		10% Owner			
(Last)	(FAYLORD D	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/15/2017										X	Officer (give title below) SVP, Asset		Other (spe below) Management		specify
(Street) NASHVILLE TN 37214			4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting					on			
(City)	(S	tate)	(Zip)														Persor	1			
		Tab	le I - No	n-Deriv	vative	Se	curit	ies A	cqı	uired, C	Pisp	osed c	of, o	r Be	neficia	lly C	Owned	l			
Date			Date	nsaction h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		·	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				d S	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	Amount		Price	- 17	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock				03/1	5/2017	7				M		1,235	5	A	\$0.0	\$0.00		18,311		D	
Common Stock			03/1	5/2017					F		519 ⁽¹	l)	D	\$0.0	00	17,	792	D			
Common Stock			03/1	5/2017					M		822		A	\$0.0	\$0.00		18,614		D		
Common Stock 03/2			03/1	5/2017	/2017			F		345 ⁽²⁾ D		\$0.0	00	0 18,269		D					
		٦	able II -									sed of onverti				y Ov	vned				
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	ed Date,	4. Transa	4. Transaction Code (Instr		5. Number n of		i. Date Exercisa Expiration Date Month/Day/Yea		ble and 7. 1 Am See Un		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5			e O s Fi ally D or g (!)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)		ate kercisable		piration ate	Title	e	Amount or Number of Shares						
Restricted Stock Units	\$0.00	03/15/2017			M			1,235	03	3/15/2017	02	2/24/2019		nmon ock	1,235	\$	60.00	2,437		D	
Restricted Stock Unit	\$0.00	03/15/2017			M			822	03	3/15/2017	02	2/24/2020		nmon	822	\$	60.00	2,455		D	

Explanation of Responses:

- 1. Represents shares withheld to satisfy Mr. Chaffin's tax withholding obligation with respect to the 1,235 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. Chaffin retained the remaining 716 shares.
- 2. Represents shares withheld to satisfy Mr. Chaffin'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. Chaffin retained the remaining 477 shares.

Remarks:

Scott J. Lynn, Attorney-in-Fact 03/15/2017 for Patrick S. Chaffin

** 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.