## FORM 4

## **UNITED STATES**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

SECURITIES AND EXCHANGE COMMISSION
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OMB APPROVAL

- 1		
	OMB Number:	3235-028
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	hours per response:	0.1

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c)

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

See Ins	struction 10.																	
Name and Address of Reporting Person*     Helgren Erin Claire						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Ryman Hospitality Properties, Inc.</u> [ RHP ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
													Director			10% O	wner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/15/2025								Officer (give title below)			Other (s below)	specify	
ONE GAYLORD DRIVE				L														
					4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)						
(Street)												v v	Form f	filed by One	Ren	orting Perso	n	
NASHV	ILLE T	N :	37214									•		,		J		
					Form filed by More than One Re Person							ii ono rtopo	, tung					
(City)	(S	tate)	(Zip)															
		Tabl	e I - Non-D	erivati	/e Sec	uritie	es Ac	cauired. D	isposed	of. or B	enefici	ally (	Owne	<u> </u>				
4 770 54	2 11 11				_					•		<u> </u>			c 0		7 Natura	
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,			Transact	3. Transaction Code (Instr. 3, 8) 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 9) 8)			4 and Securitie Beneficia Owned F		es Form		m: Direct or Indirect	7. Nature of Indirect Beneficial Ownership	
								Code	Amour	(A) or (D)		. 11	Reported Transact (Instr. 3	ction(s)			(Instr. 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)	Coc	Transaction Code (Instr.		rative rrities sired r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Coc	e V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares							
Common Stock	\$0							(1)	(1)	Common	1,187			1,187 <sup>(2</sup>	)	D		

## **Explanation of Responses:**

- 1. Restricted Stock Unit vests 100% on May 9, 2025.
- 2. In accordance with the terms of the reporting person's outstanding restricted stock unit awards, as a result of the \$1.15 dividend per share of outstanding common stock paid by the issuer on January 15, 2025, 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 31, 2024

Scott J. Lynn, Attorney-in-Fact 01/15/2025 for Erin Helgren

\*\* 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.