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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this b | oox if no longer subject to |
|---------------|-----------------------------|
| | Form 4 or Form 5 |
| obligations | may continue. See |
| Instruction 1 | L(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

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| 1779 KIRBY PARKWAY #1 PMB #320 | | son* | 2. Issuer Name and Ticker or Trading Symbol <u>Ryman Hospitality Properties, Inc.</u> [RHP] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|-----------------------------------|---------|----------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------|--------------------------|--|--|
| | | | | X | Director | 10% Owner | | |
| | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2015 | | Officer (give title below) | Other (specify below) | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) MEMPHIS | TN | 38138 | | X | Form filed by One Re | 0 | | |
| | | | | | Form filed by More the Person | an One Reporting | | |
| (City) | (State) | (Zip) | | | | | | |

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

| Table 1 Hon Denvalve Occurries Acquirea, Disposed oi, of Denenolary Owned | | | | | | | | | | | | |
|---------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|------------------------------|--|--------|---------------------|---------|---------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|--|--|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code V | | Amount | mount (A) or (D) | | Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock | 05/14/2015 | | М | | 6,098 | A | \$37.31 | 48,954 | D | | | |
| Common Stock | 05/14/2015 | | G | | 870 | D | \$0.00 | 48,084 | D ⁽¹⁾ | | | |
| Common Stock | 05/14/2015 | | G | | 870 | D | \$0.00 | 47,214 | D ⁽¹⁾ | | | |
| Common Stock | 05/14/2015 | | G | | 1,740 | D | \$0.00 | 45,474 | D ⁽¹⁾ | | | |
| Common Stock | | | | | | | | 45,970 | I | By GRATS | | |
| Common Stock | | | | | | | | 11,317 | I | By IRA | | |

| 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) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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 Expiratio Exercisable Date | | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$37.31 | 05/14/2015 | | М | | | 6,098 | 05/04/2007 | 05/04/2016 | Common Stock | 6,098 | \$37.31 | 0 | D | |
| Restricted Stock Units | \$56.02 | 05/15/2015 | | Α | | 312 | | 05/15/2015 | (2) | Common Stock | 312 | \$0.00 | 312 | D | |

Explanation of Responses:

1. Represents a gift of common stock to an adult child of the reporting person.

2. The reporting person has elected to receive cash compensation for service on the Company's Board of Directors and Committees in the form of restricted stock units, which are convertible on a one-to-one basis, into shares of common stock. The director has elected to defer receipt of this award until either (1) a specified date or (2) until termination of his service as a director.

Remarks:

<u>F. Mitch Walker, Jr, Attorney-</u> <u>in-Fact for Michael D. Rose</u> 05/18/2015

** Signature of Reporting Person Date

<u>..</u>

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

 \ast 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.