FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* REED COLIN V						2. Issuer Name and Ticker or Trading Symbol Ryman Hospitality Properties, Inc. [RHP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KEED COLIN V															X Director			10% Owner		
(Last) (First) (Middle) ONE GAYLORD DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 01/15/2015									X Officer (give title below) Chairman, Pres			Other (specify below)		
ONE OF	II LOID D	KIVL																		
(Street) NASHVILLE TN 37214						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
NASHVILLE IIV 5/214															' ' '					
(City)	/) (State) (Zip)													Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ar) E	A. Dee xecution any Month/I	on Date	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 45)					ies For ially (D) Following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	or Pric	се		ted action(s) 3 and 4)			(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 Da if any (Month/Day/Y	ate, T	I. Transa Code (I	ransaction		wative rities riced rosed)	6. Date Exercisal Expiration Date (Month/Day/Year)		ble and			nt 8.	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amour or Number of Shares	er						
Restricted Stock Units	\$0.00								(1)		(1)	Common Stock	18,99	91		18,991 ⁽²⁾)	D		
Restricted Stock Units	\$0.00								(3)		(3)	Common Stock	57,39)4		57,394 ⁽²⁾)	D		
Restricted Stock	\$0.00								(4)		(4)	Common Stock	24,87	76		24,876 ⁽²⁾)	D		

Explanation of Responses:

- 1. Restricted stock unit vests on a one-to-on share basis ratably in 1/4 increments for four years beginning on February 14, 2014.
- 2. In accordance with the terms of the reporting person's outstanding restricted stock unit awards, as a result of the \$0.55 dividend per share of outstanding common stock paid by the issuer on January 15, 2015, 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
- 3. Restricted stock vests on a one-to-one share basis 50% on February 8, 2015 and 50% on February 8, 2016.
- 4. Restricted stock unit vests on a one-to-one share basis ratably in 1/4 increments beginning on February 26, 2015.

Remarks:

Scott J. Lynn, Attorney-in-Fact for Colin V. Reed

** Signature of Reporting Person

01/15/2015

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.