## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

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

Name and Address of Reporting Person*  Declaration Ministry				2. Issuer Name <b>and</b> Ticker or Trading Symbol  Ryman Hospitality Properties, Inc. [ RHP ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Bender Michael J					1=0	3. Date of Earliest Transaction (Month/Day/Year) 07/15/2015								X Dire	Director Officer (give title below)		10% Owner Other (specify below)		
(Last) (First) (Middle) 14853 SOUTH 7TH STREET																			
_					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) PHOENIX AZ 85048													ine) X Fori	Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(S	tate)	(Zip)											r en	5011				
		Tab	le I - Nor	n-Deriv	/ative	Se	curiti	es A	cquired, C	Disp	osed	of, or B	enefici	ally Own	ed				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,		Code (In	Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)		red (A) oi istr. 3, 4 a	nd Secui Benet Owne	ties cially Following	Form: (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) (D)	or Price		ted action(s) 3 and 4)			(Instr. 4)				
		Т							quired, Dis s, options						i				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)  3. Deeme Execution if any (Month/Day	Date,		Transaction Code (Instr.		rative rities rired r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		ly C	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable	Ex Da	piration te	Title	Amount or Number of Shares	1					
Restricted Stock Units	\$0.00								(1)		(1)	Common Stock	4,099		4,099 <sup>(2)</sup>	)	D		
Restricted Stock Units	\$0.00								(1)		(1)	Common Stock	3,831		3,831 <sup>(2)</sup>	)	D		
Restricted Stock Units	\$0.00								(1)		(1)	Common Stock	1,877		1,877 <sup>(2)</sup>	)	D		
Restricted Stock Units	\$0.00								(1)		(1)	Common Stock	1,708		1,708 <sup>(2)</sup>	)	D		
Restricted	\$0.00								(1)		(1)	Common	1 435		1.435		D		

## **Explanation of Responses:**

- 1. Mr. Bender has deferred vesting of these stock units until either a designated date or termination of his service as a director.
- 2. In accordance with the terms of the reporting person's outstanding restricted stock unit awards, as a result of the \$0.65 dividend per share of outstanding common stock paid by the issuer on July 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 June 30, 2015.

## Remarks:

Units

Scott J. Lynn, Attorney-in-Fact 07/16/2015 for Michael J. Bender

\*\* 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.