FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours nor reasoness:	0.5							

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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or Section 30(h) of the Investment Company Act of 1940																		
1. Name and Address of Reporting Person* FIORAVANTI MARK				2. Issuer Name and Ticker or Trading Symbol Ryman Hospitality Properties, Inc. [RHP]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
110101		THUCK											2	C Director	•		10% Owi	ner
(Last)	(F	irst)	(Middle)			Date o		Tran	saction (Mo	nth/[Day/Year)		7	Officer below)	(give title		Other (sp below)	pecify
ONE GAYLORD DRIVE			"	02/22/2027								President & CEO						
				4	If Amendment, Date of Original Filed (Month/Day/Year)							6 In	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					_ ~	II AIIIC	ilainent, i	Date	or Original i	iicu	(IVIOITIII/Da)	y/ (Cai)	Line		on oroup i	·9 (\	опсск дррг	loabic
NASHV	ILLE T	N	37214										2	Form fi	ed by One	Report	ting Person	
					-									Form fi Person		than C	One Reporti	ing
(City)	(8	itate)	(Zip)		\vdash	Rule 10b5-1(c) Transaction Indication												
						uie	1005-	1(0,	Hallo	acti	on mar	CallOII						
					\Box	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy												
	the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transact					saction											. Nature of		
Date (Month/I			/Day/Y	Day/Year) if an				Code (Instr. 5)		Of (D) (Instr. 3, 4 and		Securitie Beneficia	ally (D) of		or Indirect Enstr. 4)	ndirect seneficial		
			(M		(Month/Day/Yea		ar) 8)		Owned F Reported			wnership nstr. 4)						
								Code	٧	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		. [,	
			Table II -	Deriv:	ativo	Sec	ıritias	Δα	uired D	ien	nsed of	or Bene	ficially	Owned				
											onvertit			Ownea				
Derivative Security Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative		Expiration Date of Secur (Month/Day/Year) Underly Derivati		7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security nd 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly [10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	\$0	02/22/2024			A		13,244		03/15/2025	(1)	03/15/2028	Common Stock	13,244	\$0	13,244		D	

Explanation of Responses:

Restricted

Stock Units

\$<mark>0</mark>

1. Time-based restricted stock units vest ratably over four years beginning on March 15, 2025.

02/22/2024

2. Performance-based restricted stock units will vest on March 15, 2027 between 0% and 150% of the "target" performance level (the number of shares listed herein) based on the Company's achievement of total stockholder return relative to the median of two peer groups designated by the Company's compensation committee.

03/15/2027(2)

03/15/2027

Scott J. Lynn, Attorney-in-Fact

12,119

for Mark Fioravanti ** Signature of Reporting Person

Commor

Stock

02/23/2024

Date

\$<mark>0</mark>

12,119

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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.

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