(Last)

(Street)

RYE

(First)

NY

C/O GAMCO INVESTORS, INC ONE CORPORATE CENTER

(Middle)

10580

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104
Estimated average burden
hours per response: 0.5

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						(a) of the Securities Exchange A e Investment Company Act of 19		934				
<u>GAMCC</u>	Address of Report	•	2. Date of Ever Requiring State (Month/Day/Ye 05/31/2012	ment		. Issuer Name and Ticker or Tra GAYLORD ENTERTA			<u>г со</u>	/DE	[GET]	
AL (Last)	(First)	(Middle)	=			. Relationship of Reporting Person Check all applicable)	()	Issue			Amendment, Da th/Day/Year)	ate of Original Filed
ONE COR	PORATE CEN	ΓER	=			Officer (give title below)		er (spe			cable Line)	/Group Filing (Check
Street) RYE	NY	10580	_							X	Earm filed by	y More than One
(City)	(State)	(Zip)										
			Table I - No	n-Deriva	ativ	e Securities Beneficial	ly Ow	ned				
. Title of Se	curity (Instr. 4)					Amount of Securities neficially Owned (Instr. 4)	3. Ow Form or Ind (Instr	lirect (t (D)	4. Nat (Instr.		Beneficial Ownership
Common S	tock					4,500		I		By: In	nvestment Pa	rtnership I ⁽¹⁾
Common S	tock					2,000		I		By: In	nvestment Pa	rtnership II ⁽¹⁾
Common S	tock					7,000		I		By: In	nvestment Pa	rtnership III ⁽¹⁾
Common S	tock					8,000		I		By: In	nvestment Pa	rtnership IV ⁽¹⁾
Common S	tock					2,000		I		By: In	nvestment Pa	rtnership V ⁽¹⁾
Common S	tock					2,000		I		By: In	nvestment Pa	rtnership VI ⁽¹⁾
Common S	tock					20,000		I		By: L	imited Partn	ership ⁽¹⁾
Common S	tock					10,000		D ⁽²⁾				
Common S	tock					66,800		D (3)				
						Securities Beneficially ts, options, convertible			s)			
. Title of De	rivative Security	(Instr. 4)	2. Date Exe Expiration I (Month/Day	Date	nd 3. Title and Amount of Secur Underlying Derivative Secur		ity (Instr. 4) Co		Conve or Exe	rcise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date	Expirat	ion		or Nur of	ount nber	Price of Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)	
Name and	Address of Report	ing Person*	Exercisable	Date		Title	Sha	ires				
	· ·	RS, INC. ET AI	<u> </u>	_								
(Last) ONE COR	(First) PORATE CEN	(Mid ΓER	dle)									
Street)	NY	105	80	-								
(City)	(State)	(Zip)	·									
	Address of Report	ing Person*										

(City)	(State)	(Zip)				
1. Name and Address GGCP, INC.	ddress of Reporting Person* C.					
(Last)	(First)	(Middle)				
140 GREENWIC	EENWICH AVENUE					
(Street)						
GREENWICH	CT	06830				
(City)	(State)	(Zip)				

Explanation of Responses:

- 1. GAMCO Investors, Inc.; and Mario J. Gabelli has less than a 100% interest in this entity; GGCP, Inc. has less than a 100% interest in GAMCO Investors, Inc.; and Mario J. Gabelli has less than a 100% interest in GGCP, Inc. The amount of securities reported as beneficially owned reflects the total amount of securities held by this entity which is greater than the Reporting Persons' indirect pecuniary interests. The Reporting Persons hereby disclaim ownership of these securities in excess of their pecuniary interests.
- 2. These securities are owned by GGCP, Inc. GAMCO Investors, Inc. disclaims beneficial ownership in these securities and Mario J. Gabelli disclaims beneficial ownership in these securities extent of his pecuniary interests
- 3. These securities are owned by Mario J. Gabelli.

/s/ Douglas R. Jamieson, Attorney-In-Fact for MARIO J. 06/11/2012 GABELLI, GGCP, INC., and **GAMCO INVESTORS, INC.**

** 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 5 (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.