FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burde	en				
l	hours per response:	0.5				

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

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

				UI	Secui	011 30(11) OI tile	e ilives	Surient C	Julipa	arry Act	01 1940								
1. Name and Address of Reporting Person* ROTH MICHAEL ISOR					2. Issuer Name and Ticker or Trading Symbol Ryman Hospitality Properties, Inc. [RHP]										Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
															Direct	or		10% Ov	vner	
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)										Officer below)	r (give title)		Other (s	specify	
THE INTERPUBLIC GROUP OF COMPANIES, INC.					10/15/2015															
1114 AVENUE OF THE AMERICAS, 19TH FLOOR					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				n	
(Street) NEW YORK NY 10036			10036												Form filed by More than One Reporting Person				rting	
(City) (State) (Zip)																				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ear) i	2A. Deemed Execution Date if any (Month/Day/Yea		e, Ti	Code (Instr					4 and Securit Benefic Owned		cially (D) Following (I)		orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								С	Code V	/ A	Amount (A) or (D)		or Price	, т	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		Ţ	able II - Deri (e.g					•	•	•		, or Ben ble sec		-	ned					
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	Code		of Deriv Secu Acqu (A) o Disp of (D	or osed) r. 3, 4	Expira	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 derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerc	cisable	Expira Date	piration te	Title	Amount or Number of Shares							
Restricted Stock Units	\$0.00							((1)	((1)	Common Stock	1,455			1,455 ⁽²⁾		D		

Explanation of Responses:

- 1. Restricted stock units vest 100% on the first anniversary date of the restricted stock unit award.
- 2. In accordance with the terms of the reporting person's outstanding restricted stock unit awards, as a result of the \$0.70 dividend per share of outstanding common stock paid by the issuer on October 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 September 30, 2015.

Remarks:

Scott J. Lynn, Attorney-in-Fact for Michael I. Roth

** Signature of Reporting Person

Doto

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

- * 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.