## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

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

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

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*  Bender Michael J				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)								
<u>Bender Wilchaer J</u>													-	X	Direct	or		10% O	wner		
(Last) (First) (Middle) 14853 SOUTH 7TH STREET					3. Date of Earliest Transaction (Month/Day/Year) 04/15/2016										Office below	r (give title ')		Other ( below)	specify		
				_ 4. I	f Ame	endmen	t, Date	e of Or	riginal Fi	iled (	(Month/D	6. Ind	dividual or	Joint/Group	Filing	(Check Ap	plicable				
(Street)					If Amendment, Date of Original Filed (Month/Day/Year)										Line)						
PHOENIX AZ 85048															X Form filed by One Reporting Person  Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)		-											Person					
		Tab	le I - Nor	n-Deriv	/ative	e Se	curiti	es A	cqui	red, D	isp	osed	of, or B	enefi	cially	y Owne	d				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					2A. Deemed Execution Date,			e, T	3. 4. Se Transaction Disposed Code (Instr. 5)		Dispose	curities Acquired (A) sed Of (D) (Instr. 3, 4		or 4 and		ies ially Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	<i>,</i>	Amount	(A) (D)	or Pr	ice	Reporte Transac (Instr. 3	rted action(s) 3 and 4)					
		Т	able II -										, or Ber ible sec			Owned					
1. Title of Derivative Security (Instr. 3)	/e Conversion Date Execution Date, Transaction of Code (Instr. Derivative		vative irities iired r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  Tritle and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)				of s ng e Secur	E	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	/ E	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)							
					Code	v	(A)	(A) (D)		cisable	Ex	piration te	Title	Amou or Numb of Share	oer						
Restricted Stock Units	\$0.00									(1)		(1)	Common Stock	4,27	73		4,273 <sup>(2)</sup>		D		
Restricted Stock Units	\$0.00									(1)		(1)	Common Stock	3,99	93		3,993 <sup>(2)</sup>		D		
Restricted Stock Units	\$0.00									(1)		(1)	Common Stock	1,95	56		1,956 <sup>(2)</sup>		D		
Restricted Stock Units	\$0.00									(1)		(1)	Common Stock	1,78	30		1,780 <sup>(2)</sup>		D		
Restricted Stock	\$0.00									(1)		(1)	Common Stock	1,49	95		1,495 <sup>(2)</sup>		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 \$0.75 dividend per share of outstanding common stock paid by the issuer on April 15, 2016, 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 March 31, 2016.

## Remarks:

Scott J. Lynn, Attorney-in-Fact 04/15/2016 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.