FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPRO	VAL
OMB Number:	3235-0287
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hours per response:	0.5
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5. Relationship of Reporting Person(s) to Issuer

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

1. Name and Address of Reporting Person*

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

2. Issuer Name and Ticker or Trading Symbol

FIORAVANTI MARK					Ry	Ryman Hospitality Properties, Inc. [RHP]											Directo	r		10% O	
(Last) ONE GA	(F AYLORD D	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/15/2017										X	below)		Other (sperbelow)		specify
(Street) NASHVILLE TN 37214			4. If											Indi ne) X	Form filed by One Reporting Person Form filed by More than One Reporti			on			
(City)	(S	tate)	(Zip)														Persor	1			
		Tab	le I - Noi	า-Deriv	ative	Se	curit	ies Ad	cqı	uired, I	Disp	osed c	of, o	r Bei	neficia	lly	Owned	ı			
D (h			2. Transaction Date (Month/Day/Year)		_	2A. Deemed Execution Date, if any (Month/Day/Year)		•	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				5. Amount of Securities Beneficially Owned Following		6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	n: Direct r Indirect nstr. 4)	of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3 a		tion(s)			(Instr. 4)		
			03/15/2017		7				М		1,793	3	A	\$0.0	00	148	,914	D	D		
Common Stock			03/15	5/2017					F		753 ⁽¹⁾		D	\$0.0	00	148,161			D		
			03/15	03/15/2017 03/15/2017					M		2,049	9	Α	\$0.0	00	150	50,210		D		
			03/15						F		860 ⁽²	2)	D	\$0.0	00	149,350		D			
		7	Table II -	Deriva (e.g., p	tive s	Sec call	uritie ls, wa	s Acc irrant	qui s, c	red, Di option	spo s, c	sed of, onverti	or ble	Bene secu	eficiall irities)	y O	wned				
	Conversion or Exercise Price of Derivative		3A. Deeme Execution if any (Month/Da	Date,		ransaction Code (Instr.		5. Number of		. Date Exercisa Expiration Date Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		; J Security	Di Si (li	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)		ate xercisable		kpiration ate	Title	•	Amount or Number of Shares						
Restricted Stock Units	\$0.00	03/15/2017			M			1,793	0:	3/15/2017	02	2/24/2019		nmon ock	1,793		\$0.00	3,546		D	
Restricted	\$0.00	03/15/2017			M			2,049	0	3/15/2017	02	2/24/2020	Com	nmon	2,049		\$0.00	6,147		D	

Explanation of Responses:

- 1. Represents shares withheld to satisfy Mr. Fioravanti's tax withholding obligation with respect to the 1,793 shares of common stock issued upon the vesting of time-based restricted stock units (including accrued dividend equivalent units payable in additional shares of common stock) on March 15, 2017. Mr. Fioravanti retained the remaining 1,040 shares.
- 2. Represents shares withheld to satisfy Mr. Fioravanti's tax withholding obligation with respect to the 2,049 shares of common stock issued upon the vesting of time-based restricted stock units (including accrued dividend equivalent units payable in additional shares of common stock) on March 15, 2017. Mr. Fioravanti retained the remaining 1,189 shares.

Remarks:

Scott J. Lynn, Attorney-in-Fact 03/15/2017 for Mark Fioravanti

** 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.