FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden 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

ı	nd Address o	f Reporting Person [*] LIAM E			<u>Ry</u>	ma	n Hos	<u>spit</u>	alit		erti	es, Inc.	[RHP]	(Che	ck all applic	able)	g Pers	son(s) to Iss 10% Ov Other (s	ner
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/11/2023									below)	(give title		below)	pecily		
502 UNION AVENUE				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															<u> </u>		,		orting Perso	
KNOXV	TLLE T	N	37902													Form for Person		e thar	n One Repor	ting
(City)	(5	State)	(Zip)		Rυ	Rule 10b5-1(c) Transaction Indication														
	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.											I to								
		Tab	le I - Nor	ı-Deriv	vative	Se	curiti	es A	Acqı	uired, C	Disp	osed o	f, or Be	net	ficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)					ay/Year) Execut		Deemed ecution Date, iny onth/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 an		A) or 3, 4 and	5. Amou Securitie Benefici Owned F Reported	es For ally (D) Following (I) (n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				,iiisu. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transactio Code (Inst		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	tive ties ed sed	Exp	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (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 Exe	e ercisable	Ex Da	piration te	Title	Or No	umber					
Restricted Stock Units	\$0.00	05/11/2023			A		1,259		05/1	11/2024 ⁽¹⁾	05/	/11/2024 ⁽¹⁾	Commor Stock	1 1	,259	\$0.00	1,259		D	

Explanation of Responses:

1. Represents an annual grant of restricted stock units awarded to the director in connection with the director's service on the Company's board. Upon lapse of the restrictions with respect to the restricted stock units, which unless deferred by the director will be May 11, 2024, one share of common stock will be issued for each restricted stock unit.

Remarks:

Scott J. Lynn, Attorney-in-Fact for William E. Haslam

05/15/2023

** 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.