FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
netruction 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

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* $ \underline{Lynn\ Scott\ J} $						2. Issuer Name and Ticker or Trading Symbol Ryman Hospitality Properties, Inc. [RHP]									Check	tionship of Reporting all applicable) Director Officer (give title		ng Pers	Person(s) to Issuer 10% Owner Other (specify	
(Last) (First) (Middle) ONE GAYLORD DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 06/10/2013									X	belov	SVP, Secret		below)		
(Street) NASHVI (City)			37214 Zip)		4. If	Ame	ndment,	Date o	f Original	Filed	(Month/Da	ay/Yea	r)		Individual or Joint/Group Filing (Check Applica Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					on
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				Date	ate Ionth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Secu Bene		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or D)	Price	Transa		action(s) 3 and 4)			(11341.4)
Common Stock					0/2013				A		500		Α	\$34.2		559(1)			D	
Common Stock																1,678(2)			I	By 401(k)
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			Date, Transaction Code (Inst			n of		Expiration	5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			vative (urity Str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	O F D O (I	0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Number of Shares							

Explanation of Responses:

- 1. Ownership amounts listed do not include shares issuable upon the vesting of time-based restricted stock units awards: 89 (granted on February 3, 2010); 1,556 (granted on February 2, 2011); 1,916 (granted on February 8, 2012); and 1,516 (granted on February 14, 2013). Does not include shares issuable upon the satisfaction of criteria with respect to performance-based restricted stock units awards: 1,500 (granted on February 14, 2013).
- 2. Reflects the reporting person's interest in equivalent shares held by the unitized stock fund in the company's 401(k) savings plan. The unitized stock fund consists of company common stock (approximately 98%-99% of the fund value) and cash or cash equivalents (approximately 1%-2% of the fund value). The number of shares attributed to the reporting person as a 401(k) plan participant and expressed as equivalent shares has been calculated based on the closing price of company common stock as of March 31, 2013 and may change from time to time without the volition of the reporting person depending on the fair market value of the company's common stock and the amount of cash in the fund.

Remarks:

Scott J. Lynn

06/11/2013

** 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.