Edgar Filing: Ryman Hospitality Properties, Inc. - Form 4

Ryman Hospitality Properties, Inc. Form 4 February 15, 2017

Common

Common

Stock

Stock

02/14/2017

02/14/2017

rebluary 15,	2017								
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION					OMB APPROVAL			
	■ UNITED	STATES			ND EXCHANGE D.C. 20549	COMMISSION	OMB Number:	3235-0287	
Check this								January 31,	
•	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNER				WNERSHIP OF	Expires:	2005		
subject to Section 16		SECURITIES					Estimated average burden hours per		
Form 4 or							response		
Form 5								0.0	
obligation	^s Section 17					of 1935 or Section	,		
may contin	nue.	· ·		•	Company Act of 1		1		
See Instru	ction	50(II)		vestilient v	Company Act of 1	240			
1(b).									
(Print or Type R	esponses)								
1. Name and Ac Hutcheson Je	g Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
			Ryman Hospitality Properties, Inc.						
			[RHP]	lospitalit	y i toperties, me.	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction	Director		b Owner	
			(Month/D	ay/Year)		X Officer (give		er (specify	
ONE GAYL		02/14/20	017		below) below) SVP & Corporate Controller				
		4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)			Applicable Line)			
				• •		$_X$ Form filed by O			
NASHVILL	E, TN 37214					Form filed by M Person	ore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative Securities A	cquired, Disposed of	, or Beneficial	lly Owned	
1.Title of	2. Transaction Da	te 2A. Dee	emed	3.	4. Securities	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year	r) Executi	Execution Date, if		onAcquired (A) or	Securities 1	Form: Direct	Indirect	
(Instr. 3)		any		Code	Disposed of (D)	•	(D) or	Beneficial	
		(Month/	/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)		Indirect (I)	Ownership	
						Following (Reported	(Instr. 4)	(Instr. 4)	
					(A)	Transaction(s)			
					or	(I + 2 + 1.4)			

Code V Amount (D) Price

246 (1) D

Α

\$0

\$0

520

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

Μ

F

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 control number.

(Instr. 3 and 4)

D

D

11,110

10,864

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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 Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)		6. Date Exercis Expiration Dat (Month/Day/Y	e	(Instr. 3 and 4)		8. D S(
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit	\$ 63.45	02/14/2017		М	520	02/14/2017	02/14/2017	Common Stock	520	

Reporting Owners

Reporting Owner Name / Address	Relationships						
1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	Director 10% Owner Officer		Officer	Other			
Hutcheson Jennifer L ONE GAYLORD DRIVE NASHVILLE, TN 37214			SVP & Corporate Controller				
Signatures							
Scott J. Lynn, Attorney-in-Fact for Hutcheson		ifer L.	02/15/2017				
<u>**Signature of Reportin</u>	g Person		Date				

Explanation of Responses:

- 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).
- Represents shares withheld to satisfy Ms. Hutcheson's tax withholding obligation with respect to the 520 shares of common stock issued (1) upon the vesting of time-based restricted stock units (including accrued dividend equivalent units payable in additional shares of common stock) on February 14, 2017. Ms. Hutcheson retained the remaining 274 shares.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.