## Edgar Filing: MADDOX MATT - Form 4

MADDOX M Form 4	IATT										
May 07, 2008	8										
FORM							COMMISSION		PPROVAL 3235-0287		
Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er <b>STATEM</b> 6. Filed purs <sup>18</sup> Section 17(a	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section								January 31, 2005 average rs per 0.5	
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person <u>*</u> MADDOX MATT			2. Issuer Name <b>and</b> Ticker or Trading Symbol WYNN RESORTS LTD [WYNN]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	iddle) 3. D	Date of E	arliest Tra	insaction			(Chec	k all applicable	;)	
C/O WYNN LIMITED, 3 BLVD SOU	131 LAS VEGAS	05/	onth/Day /05/200					Director X Officer (give below) CH		o Owner er (specify	
	(Street) 4. If Amendment, Date Origin Filed(Month/Day/Year)				-	Applicable Line)			oint/Group Filing(Check Dne Reporting Person		
LAS VEGAS	S, NV 89109								More than One Re		
(City)	(State) (	Zip)	Table I	[ - Non-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	ite, if 7	Code	n(A) or Dis (D) (Instr. 3, 4	and 5 (A) or	of 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock, par value \$0.01	05/05/2008			Code V A	Amount 50,000	(D) A	Price \$ 0 (1)	67,500	D		

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	Derivative Conversion (Month/Day/Year) ecurity or Exercise		3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (right to buy)	\$ 105.65	05/05/2008		A	175,000	(2)	05/05/2018	Common Stock, par value \$0.01	175,000
Repo	rting O	wners							
<b>Reporting Owner Name / Address</b>			Director 10% Own	<b>Relationsh</b> i	-	Other			
	NN RESOR	TS, LIMITED		CFC	), Treasurer				

3131 LAS VEGAS BLVD SOUTH LAS VEGAS, NV 89109

## **Signatures**

/s/ Kimmarie Sinatra, as attorney-in-fact for Matt Maddox 05/07/2008 \*\*Signature of Reporting 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).

Restricted shares of common stock, par value \$0.01 per share, of Wynn Resorts Limited (the "Company") granted pursuant to the
 Company's 2002 Stock Incentive Plan. Shares vest on December 5, 2016; provided that if the reporting person is party to an employment agreement with the Company and the Company terminates the reporting person without cause, the shares vest pro rata on a monthly basis for the time served from grant to termination.

Options vest on December 5, 2016; provided that if the reporting person is party to an employment agreement with the Company and the (2) Company terminates the reporting person without cause, the options vest pro rata on a monthly basis for the time served from grant to

(2) Company terminates the reporting person without cause, the options vest pro rata on a monthly basis for the time served from grant termination.

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.