FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF C | CHANGES | IN BENE | FICIAL | OWNERS | HIP |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | | |
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|---|--|--|------------|---|--|--|--|--|-------------------|---|----------------------|-------|---|---|---|---|---|-------------|-------------------|--|
| 1. Name and Address of Reporting Person* SHOEMAKER ALVIN V | | | | | | 2. Issuer Name and Ticker or Trading Symbol WYNN RESORTS LTD [WYNN] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| SHOEWAKEK ALVIN V | | | | | | . , | | | | | | | | ΧI | Direct | tor | 109 | Owner | | |
| (Last) (First) (Middle) C/O WYNN RESORTS, LIMITED | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2007 | | | | | | | | | | Officer (give title selow) | | Oth belo | er (specify w) | |
| 3131 LAS VEGAS BOULEVARD SOUTH | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | | | | | | | | | | ٦ | X Form filed by One Reporting Person | | | | | |
| LAS VEGAS NV 89109 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | | ' | - 6130 | лі - | | | |
| | | Tab | le I - Noi | n-Deri\ | /ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | efici | ally O | wne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | 4 and Secui Benet | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | | | | | |
| | | | | | | | | | Code | v | Amount (A) | | (A) or (D) | Price | Transa | | ction(s) 3 and 4) | | (1130.4) | |
| Common Stock, par value \$0.01 05/0 | | | | | 3/2007 | | | A | | 2,500 |) A \$0 | | \$0.0 | 00 ⁽¹⁾ 14,000 | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any | | 3A. Deem Execution if any (Month/Da | n Date, | 4. Transaction Code (Instr. 8) | | n of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price Derivat Securit (Instr. 5 | vative (urity Str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | of | nber | | | | | | |

Explanation of Responses:

1. 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 May 8, 2012. If the reporting person ceases to be a director before the shares are fully vested, the shares will vest on a pro rata basis, 20% per year, based upon the number of years served since the grant date.

Remarks:

/s/ John Strzemp, as attorneyin-fact for Alvin V. Shoemaker

05/09/2007

** 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.