FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

3235-0287 OMB Number: 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

							()				1 7									
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol WYNN RESORTS LTD [WYNN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Bowie Grant						TTTTTTEBOTTO BID [WITH										Direc	tor		10% O	wner
					- 2 5	Date of Earliest Transaction (Month/Day/Year)									X	Officer (give title below)			Other (specify below)	
(Last) (First) (Middle)						07/06/2007										Pres 1	Wynn Res	orts (Ma	cau) S	S.A.
C/O WYNN RESORTS, LIMITED							0//00/2007									1100	, , , , , , , , , , , , , , , , , , ,	0110 (1110	cuu) c	
3131 LAS VEGAS BOULEVARD SOUTH																				
SISTEMS (EGMS BOOLE WIND SOOTH						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
					- "	II / III o I o III o II o II o II o II									Line)					
(Street)														X	Form	filed by One	e Reportin	g Pers	on	
LAS VEGAS NV 89109														Form filed by More than One Reporting						
					-										Person					
(City)	(9	State)	(Zip)																	
		Tah	le I - Nor	n-Deriv	ztive	Se	curitie	s Arc	nuired	Dis	nosed o	of or	Ren	fici	ally ()wne	-d			
			10 1 - 1101			_			. 	D13	·									
1. Title of Security (Instr. 3) 2. Transa Date						ction 2A. Deemed Execution Date,			3.	3. 4. Securities Acquired (Transaction Disposed Of (D) (Instr. 3							unt of		. Ownership orm: Direct	7. Nature of Indirect
Date (Month/E					/Day/Ye		if any		Code (Instr. 5)			seu Oi (D) (Ilisti. 3,			Benefi		cially		D) or Indirect	Beneficial
							(Month/Day/Year)		8)					Own Repo		Following	(I) (Instr.	(I) (Instr. 4)	Ownership (Instr. 4)	
									Code	v	Amount	((A) or		, I	Transaction(s) (Instr. 3 and 4)				(111511. 4)
									Code	Ľ	Amount	(D)	Price						
Common Stock, par value \$0.01 ⁽¹⁾														3		0,000	D			
		_				_			<u> </u>							J				
		Т	able II - [)								osed of, onvertib				y Ow	ned				
	_	1	- 				-					_		,		. 1				
1. Title of Derivative	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deeme Execution		4. Transactio		5. Number on of		6. Date Exercisable and Expiration Date			7. Title and Amount of			8. Price of Derivative Security (Instr. 5)		9. Number of derivative		10. Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Security		(Month/Day/Year)	if any	·	Code (Code (Instr.		. Derivative		(Month/Day/Year)			Securities				Securities	Form		
(Instr. 3)			(Month/Da	ıy/Year)	8)		Securities Acquired			Underlying Derivative			Beneficially Owned							
	Security						(A) or		Securi				ity (Instr. 3			Following		(I) (Instr. 4)	(111301.4)	
						Disposed of (D)		and 4)							Reported Transaction(s)					
						(Instr. 3, 4										(Instr. 4)	(5)			
						and 5)														
				l									Am		ıt					
											Expiration		or	nber						
									Date				of	IDEI						
					Code	V	(A)	(D)	Exercisal	ble	Date	Title	Sha	res						

Explanation of Responses:

1. As of July 6, 2007, Mr. Bowie ceased to be President of Wynn Resorts (Macau) S.A.

Remarks:

/s/ John Strzemp, as Attorneyin-Fact for Grant Bowie

07/10/2007

** 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.