\Box

(Street) LAS VEGAS

NV

89109

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 0.5

Limited Partnership By Wynn Family

Limited Partnership

11. Nature of Indirect Beneficial Ownership (Instr. 4)

	ions may contir tion 1(b).	ue. <i>See</i>		File							ırities Exchan Company Act		1934		ho	urs per ı	response:	0.5
1. Name and Address of Reporting Person* WYNN STEPHEN A (Last) (First) (Middle)				<u>W</u>	WYNN RESORTS LTD [WYNN] 3. Date of Earliest Transaction (Month/Day/Year) 04/11/2016 4. If Amendment, Date of Original Filed (Month/Day/Year) 6.									pplicable) ector cer (give tit		X 10%	Owner or (specify	
C/O WYNN RESORTS, LIMITED 3131 LAS VEGAS BOULEVARD SOUTH														Chief Executive Officer / WFLP is memb of 10% owner				
(Street) LAS VEGAS NV 89109 (City) (State) (Zip)				4. I									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(* 9)				lon-Deriv	/ative	e Se	curitie	es Ac	quire	d, D	isposed o	of, or B	enefici	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Exed if an	Deemed ecution Date, any onth/Day/Year)		3. Transaction Code (Instr. 8)			Acquired (A) or (D) (Instr. 3, 4 and		Benefic Owned	ies cially Following	Form (D) or	nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transa (Instr. 3	ction(s)			(Instr. 4)
Common	Common Stock, par value \$0.01 per share 04/11/20				016	16		J ⁽¹⁾		20,302	A \$98.		12,0	12,020,302		I	By Wynn Family Limited Partnershi	
Common Stock, par value \$0.01 per share 04/11/20:				016	16		J ⁽³⁾		52,549	A	\$98.78	12,0	12,072,851		I	By Wynn Family Limited Partnershi		
		Та	ıble II								posed of, convertib				i			
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		4. Transa Code 8)	action	5. Number		6. Date Exe Expiration I (Month/Day)		rcisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e s ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial) Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares					
1	nd Address of	Reporting Person [*] EN A																
		(First) RTS, LIMITED BOULEVARD S		Middle)														
(Street) LAS VE	GAS	NV	89	9109														
(City)		(State)	(Z	Zip)														
ı		Reporting Person [*] mited Partner	<u>ship</u>															
(Last)		(First)	(N	/liddle)														

(City)	(State)	(Zip)	
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Explanation of Responses:

- 1. Reflects a substitution of cash for shares held by a trust previously established by Mr. Wynn, in accordance with the asset substitution provisions of that trust.
- 2. Reflects closing price of the Company's common stock on the business day immediately preceding the transaction date, which price was used for valuing the transferred shares for purposes of the asset substitution provisions referenced in items (1) and (3).
- 3. Reflects a substitution of cash for shares held by a trust previously established by Mr. Wynn, in accordance with the asset substitution provisions of that trust.

Remarks:

/s/ Kevin Tourek, Attorney-in-Fact for Stephen A. Wynn
/s/ Kevin Tourek, Attorney-in-Fact for Wynn Family Limited 04/13/2016

Partnership

** 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.