FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Vashington, | D.C. | 20549 |
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| Washington, D.O. 200 to | |
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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

| Name and Address of Reporting Person* Webb Winifred Markus | | | | 2. Issuer Name and Ticker or Trading Symbol WYNN RESORTS LTD [WYNN] | | | | | | | | Relationship heck all app X Direc | licable) | ng Per | rson(s) to Is | | | | |
|--|--|--|--|---|---|---------------------------------------|-----|------|--|---|--------------------|--|---|-------------------------------|---|--|---|--|--|
| (Last) | (Fi | rst) (N | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/04/2023 | | | | | | | | | Office below | er (give title /) | | Other (s below) | specify | |
| C/O WYNN RESORTS, LIMITED | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| 3131 LAS VEGAS BOULEVARD SOUTH | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | | | |
| (Street) LAS VEGAS NV 89109 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| , | | | | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) | (St | ate) (Z | Zip) | | Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See li | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution ay/Year) if any | | cution Date, | | | | ies Acquired (A) Of (D) (Instr. 3, 4 | | | nd Securit Benefic Owned | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) Pri | | Price | Report Transa (Instr. 3 | nsaction(s) tr. 3 and 4) | | | (Instr. 4) | |
| Common | Stock, par | value \$0.01 per | share | 05/04/ | /2023 | | | | A | 2,286 | | | A | \$ <mark>0</mark> (1 | 18,744 | | | D | |
| 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. Deem Execution if any (Month/Da | n Date, | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | . | 8. Price of Derivative Security (Instr. 5) | | ly D o (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nun of | ount nber res | | | | | |

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 Amended and Restated 2014 Omnibus Incentive Plan. Shares will vest in full on May 4, 2024, provided that if the reporting person's service with the Company is terminated for any reason other than death or complete disability, all restricted shares that are subject to restrictions upon the date of termination shall be forfeited.

Remarks:

/s/ Nicholas Pannucci, 05/05/2023 attorney-in-fact for Winifred Markus Webb

** 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.