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
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* MADDOX MATT							2. Issuer Name and Ticker or Trading Symbol WYNN RESORTS LTD [WYNN]								all applic Directo	able)	g Pers	on(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) C/O WYNN RESORTS, LIMITED 3131 LAS VEGAS BOULEVARD SOUTH						3. Date of Earliest Transaction (Month/Day/Year) 09/15/2017									X Officer (give file Officer (specify below) President					
(Street) LAS VEGAS NV 89109 (City) (State) (Zip)				_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	ole I - N	on-Deri	ivativ	e Sec	curit	ties Ac	auired	l. Di	isposed o	of. or Be	neficia	llv C) Wned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				ction	2A. Exe	. Deemed ecution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3)		(A) or	9)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	ction(s)			(Instr. 4)	
Common Stock, par value \$0.01 per share 09/15/20							17				50,000	A	\$107.9	5 350		,586		D		
Common Stock, par value \$0.01 per share 09/15/20									S	40,833 D \$14		\$143.4	1(1)	309,753		D				
Common Stock, par value \$0.01 per share 09/15/20						17			S		2,067	D	\$144.0	44.03 ⁽²⁾ 3		7,686		D		
			Table II								posed of, convertil			y Ov	vned					
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 (Month/Day/Year)		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)		De Se	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
						ode V		(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares							
Stock Options (right to	\$107.95	09/15/2017			M			50,000	12/05/2	016	05/06/2018	Common Stock, par value \$0.01 per	50,000		\$0	75,000	0	D		

Explanation of Responses:

- 1. Represents the weighted average price of multiple transactions with a range of prices between \$143.01 and \$143.99. The reporting person, upon request by the staff of the SEC, Wynn Resorts, Limited (the "Company") or by a security holder of the Company, undertakes to provide further information regarding the number of securities sold at each price.
- 2. Represents the weighted average price of multiple transactions with a range of prices between \$144.00 and \$144.05. The reporting person, upon request by the staff of the SEC, the Company or by a security holder of the Company, undertakes to provide further information regarding the number of securities sold at each price.

Remarks:

/s/ Kathleen Tam, attorney-in-

09/19/2017

fact for Matt Maddox ** 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.