## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ton, D.C. 20549

wasinington,	D.O. 20.
	vvaoimigion,

l	OMB APPROVAL												
	OMB Number:	3235-0287											
l	Estimated average bu	rden											

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(b) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5

					0.	0000.0	00,	, 00			Joinpany Act	0. 20 .0							
Name and Address of Reporting Person* <u>Sinatra Kimmarie</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol WYNN RESORTS LTD [ WYNN ]									all applic	able)	g Pers	son(s) to Iss	
					_										Officer	r (give title		10% Ov Other (s	
(Last) (First) (Middle) C/O WYNN RESORTS LIMITED					3.	Date of Earliest Transaction (Month/Day/Year)								X	below)			below)	
					08	08/26/2010									SVP/General Couns			el/Secreta	ry
3131 LA	S VEGAS	BOULEVARD S	OUTH	I															
					_ 4. 1	If Amer	ndme	nt, Date	of Origir	nal Fil	ed (Month/Da	ıy/Year)			idual or J	loint/Group	Filing	(Check Ap	plicable
(Street)													Lir	X	Form fi	led by One	Repo	rtina Perso	n
LAS VE	GAS N	V	89109											X Form filed by One Reporting Person Form filed by More than One Reporting					
					-										Person			·	0
(City)	(S	tate)	(Zip)																
		Tab	le I - N	Non-Deri	ivativ	e Sec	curit	ies Ad	quire	d, D	isposed o	f, or B	eneficia	lly (	Owned				
1. Title of	Security (Ins	tr. 3)		2. Transaction		2A. Deemed				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefic					7. Nature	
, ,				Date (Month/Da	y/Year)	if any	ny ´								neficially		r Indirect	of Indirect Beneficial	
						(Montl				y/Year)					Owned Following Reported		(I) (Instr. 4)		Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3				
Common Stock, par value \$0.01 08/26/20					2010	.0			M		25,000	A	\$47.12	7.12 7		5,000		D	
Common Stock, par value \$0.01 08/26/20					2010	10		S		25,000	D	\$83.939	33.9393(1)		50,000		D		
		-	Table I								posed of,			/ O	wned				
				(e.g.,	puts,	calls	, Wa	arrants	s, opti	ons,	, convertil	ole sec	urities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		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)			Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						
Stock Options (right to buy)	\$47.12	08/26/2010			M			25,000	(2)	)	05/06/2019	Common Stock, par value \$0.01	25,000		\$0.00	225,00	0	D	

#### **Explanation of Responses:**

- 1. Represents the weighted average price of multiple transactions with a range of prices between \$83.48 and \$84.42. The reporting person, upon request by the staff of the SEC, Wynn Resorts, Limited or any security holder of Wynn Resorts, Limited, undertakes to provide further information regarding the number of securities sold at each separate price.
- 2. The original grant of 250,000 options vest 10% per year on each anniversary of the date of grant (May 6, 2009); provided, that if the reporting person ceases to be an employee of the Company, any options that are unvested at such time will be forfeited.

# Remarks:

08/27/2010 /s/ Kimmarie Sinatra

\*\* 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.