FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|-----------|------------|-----------------|-----------|

| OMB AP            | PROVAL    |
|-------------------|-----------|
| OMB Number:       | 3235-0287 |
| Estimated averag  | e burden  |
| hours por rospons | o. 0 F    |

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. Name and Address of Reporting Person* SHOEMAKER ALVIN V               |         |   |            |                              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol WYNN RESORTS LTD [ WYNN ] |   |          |  |                     |   |                  |                               | Relationship<br>heck all appl<br>X Direct  | cable)               | g Pers   | son(s) to Issi<br>10% Ow                            |                            |            |
|--|---------|---|------------|------------------------------|--|---|----------|--|---------------------|---|------------------|-------------------------------|--|----------------------|--|---|----------------------------|------------|
| (Last)   | (F      | •   | (Middle)   |                              |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2005 |          |  |                     |   |                  |                               |  | Office<br>below      | r (give title<br>)   |   | Other (s<br>below)         | pecify     |
| 3131 LAS VEGAS BOULEVARD SOUTH   |         |   |            | 4. 1                         | If Amendment, Date of Original Filed (Month/Day/Year)                        |   |          |  |                     |   |                  |                               | 6. Individual or Joint/Group Filing (Check Applicable  |                      |  |   |                            |            |
| (Street)   | GAS N   | V   | 89109      |                              |  |   |          |  |                     |   |                  |                               | Liı  | X Form               | filed by Mor   |   | orting Person<br>One Repor |            |
| (City)   | (S      | State)  | (Zip)      |                              |  |   |          |  |                     |   |                  |                               |  |                      |  |   |                            |            |
|  |         | Tab   | le I - Nor | n-Deri                       | vativ  | e Se  | curities | s Acc  | quired, [           | Disp  | osed o           | f, or Be                      | neficia  | lly Owne             | t  |   |                            |            |
| Dat  |         |   | Date       | /Day/Year)                   |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |          | Transaction Disposed   |                     | ities Acquired (A) o<br>d Of (D) (Instr. 3, 4   |                  | Benefic                       | es Form<br>ally (D) (<br>Following (I) (I  |                      | m: Direct<br>or Indirect<br>Instr. 4)                                    | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |                            |            |
|  |         |   |            |                              |  |   |          |  | Code                | v   | Amount           | (A) o                         | Price  | Transac<br>(Instr. 3 | tion(s)  |   |                            | (Instr. 4) |
| Common Stock, par value \$0.01   |         |   |            |                              |  |   |          |  |                     |   |                  | 9,000                         |  |                      | D  |   |                            |            |
|  |         | -   | Table II - |                              |  |   |          |  | ired, Di<br>options |   |                  |                               |  | y Owned              |  |   |                            |            |
| Derivative Conversion Date Executity Or Exercise (Month/Day/Year) if all |         | 3A. Deemed<br>Execution I<br>if any<br>(Month/Day | Date,      | 4.<br>Transa<br>Code (<br>8) |  | of  |          | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                     | 7. Title and Amount<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                  | Derivative<br>Security        | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) |                      | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)               |                            |            |
|  |         |   |            |                              | Code   | v   | (A)      |  | Date<br>Exercisable |   | xpiration<br>ate | O<br>N<br>O                   | Amount<br>or<br>Number<br>of<br>Shares   | 1                    |  |   |                            |            |
| Stock<br>Options<br>(right to  | \$52.94 | 05/01/2005  |            |                              | A  |   | 10,000   |  | (1)                 | 0   | 5/01/2015        | Common<br>Stock,<br>par value | 10,000   | \$0.00               | 10,000   | 0   | D                          |            |

## **Explanation of Responses:**

1. Options vest in four equal installments on May 1, 2006; May 1, 2007; May 1, 2008; and May 1, 2009.

## Remarks:

/s/ Marc H. Rubinstein as attorney-in-fact for Alvin V.

05/03/2005

Shoemaker

\*\* 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.