WYNN RESORTS LTD

Form 4

Common

Stock, par

value \$0.01

September 12, 2008

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
	ONTED	STATES SECUE Was		ND EXC D.C. 2054		GE C	OMMISSION	OMB Number:	3235-0287		
Check thi	ger STATEN	IENT OF CHAN	GES IN	BENEFIC	CIAL	owi	NERSHIP OF	Expires:	January 31 2005		
Section 1 Form 4 or	6. r		SECURITIES					Estimated average burden hours per response			
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						1					
(Print or Type F	Responses)										
1. Name and Address of Reporting Person * SCHORR MARC D				Ticker or Ti		5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (I						(Check all applicable)				
(3. Date of Earliest Transaction (Month/Day/Year) 09/11/2008				Director 10% Owner X Officer (give title Other (specify below)				
	nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting						
LAS VEGA	S, NV 89109						Person	ore than One Re	porting		
(City)	(State)	(Zip) Tabl	le I - Non-D	erivative Se	curiti	es Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Stock, par value \$0.01	09/11/2008		A	250,000	A	\$ 0 (1)	400,000	D			
									By the Marc D.		

Schorr and

Jane R.

Schorr Living Trust

332,923

Ι

Edgar Filing: WYNN RESORTS LTD - Form 4

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 1474 (9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	Date Exerc	cisable and	7. Title a	and	8. Price of	
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	ate	Amount	of	Derivative	
	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyi	ing	Security	
(Instr. 3)		Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securities (Instr. 3 and 4)	(Instr. 5)		
	Derivative					Securities						
		Security				Acquired						
						(A) or						
						Disposed						
						of (D)						
						(Instr. 3,						
						4, and 5)						
									Δ	mount		
									or			
						Date	Expiration	Title N				
							Exercisable Date	Date	of			
					Code V	(A) (D)				hares		
						(1-)			- 01			

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SCHORR MARC D C/O WYNN RESORTS, LIMITED 3131 LAS VEGAS BOULEVARD SOUTH LAS VEGAS, NV 89109

Chief Operating Officer

Signatures

/s/ Kimmarie Sinatra, as attorney-in-fact 09/12/2008

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- Restricted shares of common stock, par value \$0.01 per share, of Wynn Resorts, Limited (the "Company") granted pursuant to the Company's 2002 Stock Incentive Plan. Shares vest on December 5, 2016, provided that if the reporting person is party to an employment agreement with the Company and the Company terminates the reporting person without cause, the shares vest pro rata on a monthly basis for the time served from grant to termination.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2