Edgar Filing: MADDOX MATT - Form 4/A

MADDOX M	IATT									
Form 4/A	2									
May 09, 2008								OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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										
(Print or Type R	esponses)									
MADDOX MATT Symbo			. Issuer Name and Ticker or Trading mbol YNN RESORTS LTD [WYNN]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	liddle) 3. Date of	f Earliest Tra	ansaction		-	(Chec	k all applicable	e)	
C/O WYNN LIMITED, 3 BLVD SOU	131 LAS VEGAS	(Month/E 05/06/2 S	-				Director X Officer (give below) CH		6 Owner er (specify	
(Street) 4.1			. If Amendment, Date Original Filed(Month/Day/Year) 05/07/2008				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
LAS VEGA										
(City)	(State) (Zip) Tabl	I No D			• • •		6 D		
1.Title of Security (Instr. 3)	f 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, i		e I - Non-Derivative Securities Acc 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock, par value \$0.01	05/06/2008		A	50,000	A	\$ 0 (1)	67,500	D		

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.

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

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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)	Code	5. Number of orDerivative Securities Acquired (A) Disposed of ((Instr. 3, 4, an 5)) or (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (right to buy)	\$ 107.95	05/06/2008		А	175,000		<u>(2)</u>	05/06/2018	Common Stock, par value \$0.01	175,000
Reporting Owners										
Reporting Owner Name / Address Relationships										
		Director 10% Ow	ner Offic	er	(Other				
MADDO	AMATI									

CFO, Treasurer

C/O WYNN RESORTS, LIMITED 3131 LAS VEGAS BLVD SOUTH LAS VEGAS, NV 89109

Signatures

- * 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.

Options vest on December 5, 2016; provided that if the reporting person is party to an employment agreement with the Company and the (2) Company terminates the reporting person without cause, the options vest pro rata on a monthly basis for the time served from grant to

Remarks:

termination.

This amendment is being filed solely to correct the grant date and the exercise price of the securities reported herein.

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.