PASCAL ANDREW S Form 4 May 07, 2008

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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 Responses)

1(b).

(Last)

**BLVD SOUTH** 

1. Name and Address of Reporting Person \* PASCAL ANDREW S

(First)

(Street)

2. Issuer Name and Ticker or Trading Symbol

WYNN RESORTS LTD [WYNN]

5. Relationship of Reporting Person(s) to

Issuer

(Middle)

any

(Month/Day/Year)

3. Date of Earliest Transaction

(Month/Day/Year)

05/05/2008

Director 10% Owner \_ Other (specify

(Check all applicable)

X\_ Officer (give title below)

LIMITED, 3131 LAS VEGAS

4. If Amendment, Date Original

President, Wynn Las Vegas, LLC

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

LAS VEGAS, NV 89109

C/O WYNN RESORTS.

(City) (State) (Zip) 1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

3. 4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)

Securities Beneficially (D) or Owned **Following** Reported

6. Ownership 7. Nature of Form: Direct Indirect Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A) Transaction(s) (Instr. 3 and 4)

Price (D) Code V Amount

Common

(Instr. 3)

Stock, par 05/05/2008 value \$0.01

A 50,000 75,000

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

D

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

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SEC 1474 (9-02)

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)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (Instr. 3, 4, and 5)	Expiration I (Month/Day or	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (right to buy)	\$ 105.65	05/05/2008		A	175,000	(2)	05/05/2018	Common Stock, par value \$0.01	175,000	

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

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

President, Wynn Las Vegas, LLC

## **Signatures**

/s/ Kimmarie Sinatra, as attorney-in-fact for Andrew
Pascal
05/07/2008

\*\*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.
- Options 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 options vest pro rata on a monthly basis for the time served from grant to

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.

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