## Edgar Filing: WYNN RESORTS LTD - Form 4

WYNN RESO	ORTS LTD											
Form 4	7											
April 15, 201									OMB A	PPROVAL		
FORM	UNITE	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								1B 3235-0287 mber:		
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	er <b>STAT</b> 5. 5. Filed J s Section J	STATEMENT 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							burden hou response	Expires:January 31, 2005Estimated average burden hours per response0.5		
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> Mulroy Patricia			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol WYNN RESORTS LTD [WYNN]				5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) C/O WYNN RESORTS, LIMITED, 3131 LAS VEGAS BOULEVARD SOUTH			3. Date of Earliest Transaction (Month/Day/Year) 04/13/2016					(Check all applicable) <u>X</u> Director Officer (give title below) <u>Director</u> <u>Director</u> <u>below</u> <u>below</u>				
LAS VEGAS	4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>						
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ace	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)		2. Transaction Date 2A. De (Month/Day/Year) Execut any (Month		<ul> <li>3. 4. Securities</li> <li>TransactionAcquired (A) or</li> <li>Code Disposed of (D)</li> <li>(Instr. 8) (Instr. 3, 4 and 5)</li> </ul>		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common Stock, par value \$0.01 per share	04/13/2016			Code V	Amount 2,559	or (D) A	Price \$ 0 (1)	(Instr. 3 and 4) 2,559	D			

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh	nips	
	Director	10% Owner	Officer	Other
Mulroy Patricia C/O WYNN RESORTS, LIMITED 3131 LAS VEGAS BOULEVARD SOUTH LAS VEGAS, NV 89109	Х			
Signatures				
/s/ Kevin Tourek, attorney-in-fact for Patricia Mulroy		04/15/2		
**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 2014 Omnibus Incentive Plan. Shares will vest pro rata, 25% per year on each anniversary of the date of grant, provided that

(1) Company's 2014 Ommous incentive Fian. Shares will vest pro fata, 25 % per year on each anniversary of the date of grant, provided that if the reporting person's service with the Company is terminated for any reason, all restricted shares that are subject to restrictions upon the date of termination shall be forfeited.

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.