CAPARELLA JOHN Form 3 May 05, 2011 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL Washington, D.C. 20549 OMB

INITIAL STATEMENT OF 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 Responses)

| 1. Name and Address of Reporting Person <u>*</u> CAPARELLA JOHN | | | 2. Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol LAS VEGAS SANDS CORP [LVS] | | | |
|---|---------|--------------|--|---|--|--|--|
| (Last) | (First) | (Middle) | 05/02/2011 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| 3355 LAS V | /EGAS | | | | | | |
| BOULEVARD SOUTH | | | | (Checl | x all applicable) |) | |
| (Street) LAS VEGAS, NV 89109 | | | | Director 10% Owner X_Officer Other (give title below) (specify below) President-Las Vegas Sands, LLC | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |
| (City) | (State) | (Zip) | Table I - N | Non-Deriva | tive Securiti | ies Be | neficially Owned |
| 1.Title of Secu (Instr. 4) | rity | | 2. Amount o Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owne (Instr | |
| No Securities are beneficially owned | | | ned 0 | | D | Â | |
| Reminder: Rep owned directly | 1 | | ach class of securities benefic | ially | SEC 1473 (7-02 | 2) | |
| | inforr | mation conta | pond to the collection of ained in this form are no and unless the form disp | t | | | |

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

currently valid OMB control number.

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date | 3. Title and Amount of Securities Underlying | 4. Conversion | 5. Ownership | 6. Nature of Indirect Beneficial Ownership |
|--|---|--|-------------------------|-------------------------|---|
| | (Month/Day/Year) | Derivative Security (Instr. 4) | or Exercise Price of | Form of Derivative | (Instr. 5) |
| | | Title | Derivative Security | Security: Direct (D) | |

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

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| Date | Expiration | Amount or | or Indirect |
|-------------|------------|-----------|-------------|
| Exercisable | Date | Number of | (I) |
| | | Shares | (Instr. 5) |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|---|---------------|-----------|-----------------------------------|-------|--|
| F F | Director | 10% Owner | Officer | Other | |
| CAPARELLA JOHN 3355 LAS VEGAS BOULEVARD SOUTH LAS VEGAS, NV 89109 | Â | Â | President-Las Vegas Sands, LLC | Â | |
| | | | | | |

Signatures

| /s/ John Caparella | 05/05/2011 | | |
|------------------------|------------|--|--|
| <u>**</u> Signature of | Date | | |

Reporting Person

erson

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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. 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.