SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Francis Timothy			2. Date of Event Re Statement (Month/ 01/30/2012		3. Issuer Name and Ticker or Trading Symbol AMERICA FIRST TAX EXEMPT INVESTORS LP [ATAX]						
(Last) 1004 FARNAI SUITE 400 (Street) OMAHA (City)	(First) M STREET NE (State)	(Middle) 68102 (Zip)			4. Relationship of Reporting Person (Check all applicable) Director X Officer (give title below) CFO			(s) to Issuer 10% Owner Other (specify below)		 5. If Amendment, Date of Original Filed (Month/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 Person 	
Table I - Non-Derivative Securities Beneficially Owned											
				2. Amount of Securities Beneficially Owned (Instr. 4)		4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiratio			Expiration D	Date Exercisable and xpiration Date lonth/Day/Year)		3. Title and Amount of Securities Derivative Security (Instr. 4)		Conver or Exer		e (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title			Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Timothy Francis

** Signature of Reporting Person

02/08/2012

Date

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

 * 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.

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 Number.