FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Name and Address of Reporting Person* JUNG PATRICK J | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMERICA FIRST MULTIFAMILY INVESTORS, L.P. [ATAX] | | | | | | | | | c all applicab Director | ionship of Reporting P all applicable) Director Officer (give title | | (s) to Issuer 10% Ov Other (s | wner | |
|--|--|-----|--------|----------------------------------|---|--|--|---|---|---|-------------------|--|---|---|---|--|---|--|--------------|--|
| (Last) (First) (Middle) 1004 FARNAM STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/04/2019 | | | | | | | | | below) | | | below) | specify | |
| SUITE 400 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | - 1 | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | | | | | | | | | | | | | | | Form file | d by More | than C | ne Reportin | g Person | |
| ОМАНА | NE | 68 | 102 | | | | | | | | | | | | | | | | | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | ransaction e nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 a | | | 5. Amount Securities Beneficiall Following Transactio | y Owned Reported | Form | nership : Direct (D) lirect (I) . 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | (Instr. 3 an | | | | (| |
| Beneficial Unit Certificates 09/0 | | | | | 04/201 | 4/2019 A ⁽¹⁾ 7,391 ⁽¹⁾ | | Α | \$0.00 | 29,453 | | | D | | | | | | | |
| Beneficial Unit Certificates | | | | | | | | | | | | | | | 30,000 | | | I | By Spouse | |
| 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) | | | if any | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisal Expiration Date (Month/Day/Year | | Securities Underl | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction | e s illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | planetian of Peanances | | | Code | v | (A) (D) | | | | Expiration Date | or Nur | | Amount or Number of Shares | (Instr. | | | | | | |

Explanation of Responses

1. Restricted units granted pursuant to the America First Multifamily Investors, L.P. 2015 Equity Incentive Plan. The restricted units vest on November 30, 2019.

Remarks:

/s/ Patrick J. Jung

09/05/2019

** Signature of Reporting Person

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 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).

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.