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

1. Name and Address of Reporting Person* ROSKENS LISA Y					2. Issuer Name and Ticker or Trading Symbol AMERICA FIRST MULTIFAMILY INVESTORS, L.P. [ATAX]									(Chec	5. Relationship of Reporting (Check all applicable) X Director			10% O	wner	
(Last) 1004 FARNAM	(First) ### STREET	(Mi	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 09/04/2019									ive title	e Other below		specify	
SUITE 400					4. If An	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) OMAHA	NE	68102														Form filed by More than One Reporting Person				
(City)	(State)	(Zi	o)																	
		Та	ble I - No			_		cqı	uired, l	Disp					_					
Date			Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	,	3. Transact Code (In 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				Beneficiall Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code V		Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Beneficial Unit	Certificates	S		09/0	4/2019	\perp			A ⁽¹⁾		44,500	(1)	A	\$0.00	133,0)97		D		
Beneficial Unit Certificates														464,9	464,992		I	By Burlington Capital LLC ⁽²⁾		
Beneficial Unit Certificates														2,68	37		I	By Self as Trustee for Mary Carolyn Roskens Trust		
Beneficial Unit Certificates														2,687			I	By Self as Trustee for Charles Michael Roskens Trust		
Beneficial Unit Certificates														5,965			I	By Self Emp Retirement Plan		
	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 Security			Execution Da		Code (Inst		n Derivative		6. Date I Expirati (Month/I	on Da	te	7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	derivativ Securitie Beneficia Owned Following Reported	e Ownersh Form: Direct (D or Indire g (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Fundamentian of Da					Code	le V (A) (D)			Date Exercisable		Expiration Date	or Nun		Amount or Number of Shares	Transac (Instr. 4)		on(s)			

Explanation of Responses:

- 1. Restricted units granted pursuant to the America First Multifamily Investors, L.P. 2015 Equity Incentive Plan. One-third of the aggregate number of restricted units vest on each November 30, 2019, 2020, and 2021.
- 2. Ms. Roskens has a beneficial ownership interest in, and is a Manager, Chairman, President and Chief Executive Officer of Burlington Capital LLC and is deemed to have a pecuniary interest in the Beneficial Unit Certificates due to her ownership interest in Burlington Capital LLC.

Remarks:

/s/ Lisa Y. Roskens

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.