FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0104							
Estimated average burden								
hours per response:	0.5							

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Manda William Stat		Date of Event Retement (Month/I		3. Issuer Name and Ticker or Trading Symbol AMERICA FIRST MULTIFAMILY INVESTORS, L.P. [ATAX]							
(Last) 1004 FARNAM SUITE 400 (Street) OMAHA (City)	(First) STREET NE (State)	(Middle) 68102 (Zip)	09/10/2019			ionship of Reporting Person(s all applicable) Director Officer (give title below)	10% Owner 10% Owner Other (speci below)	fy (Mc	f Amendment, Date of Original Filed onth/Day/Year) Individual or Joint/Group Filing (Check olicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned											
						lly Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	Derivative Security (Instr. 4) Conv		Conversion or Exercise	5. Ownership Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable	Expiration Date	Title		Amount or Derivat Security of Shares		Indirect (I) e (Instr. 5)			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

/s/ William Mando

09/19/2019

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).