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 * LILLY STEVEN C | | | | | 2. Issuer Name and Ticker or Trading Symbol AMERICA FIRST MULTIFAMILY INVESTORS, L.P. [ATAX] | | | | | | | | | | tionship of F all applicab | le) | Person | 10% Ov | |
|--|--|------------|-------------|--|--|--|---|--|--------------------|-------|--|---|---|---|--|---------------|---|--|---|
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2021 | | | | | | | | | | Officer (give title below) | | Other (spe below) | | specify |
| SUITE 211 | | | | 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 (City) | NE (State) | 68 (Zij | 154 p) | | | | | | | | | | | | Form file | d by More | than C | ne Reportin | g Person |
| | | | ble I - Nor | n-Deri | ivativ | e Se | curitie | s Acqı | uired, I | Disp | osed of, | or E | Benefic | cially Ow | ned | | | | |
| Date | | | | | ite onth/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | Securities Acquired (A) or sposed Of (D) (Instr. 3, 4 a | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transactio (Instr. 3 an | | | | (Instr. 4) |
| Beneficial Unit Certificates 06/0 | | | | | /09/2021 | | | | A ⁽¹⁾ | | 6,2500 | | A | \$0.00 | 11,000 | | | D | |
| 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) | tive (Instr. 3) Conversion or Exercise Price of Derivative Security Conversion Date (Month/Day/Year) if any (Month/Day/Year) 8 | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | te | 7. Title and Amor Securities Under Derivative Securi (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | | Amount or Number of Shares | mount (Ins | | | | | | |

Remarks:

/s/ Steven C. Lilly

** Signature of Reporting Person

06/10/2021

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.

^{1.} Restricted units granted pursuant to the America First Multifamily Investors, L.P. 2015 Equity Incentive Plan. The restricted units vest on November 30, 2021.

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