FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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

Name and Address of Reporting Person* Johanns Michael O.		2. Date of Event Requiring Statement (Month/Day/Year) 04/23/2015 3. Issuer Name and Ticker or Trading Symbol AMERICA FIRST MULTIFAMILY INVESTORS, L.P. [ATA						[ATAX]			
(Last) 1004 FARNAM (Street) OMAHA (City)	(First) ST, STE 400 NE (State)	(Middle) 68102 (Zip)			Relationship of Reporting Person(s) (Check all applicable) Director Officer (give title below) Director of GP of	10% Owner Other (speci below)	(Mo	nth/Day/Year) ndividual or Joint/ blicable Line) X Form filed by	te of Original Filed Group Filing (Check y One Reporting Person y More than One Reporting		
Table I - Non-Derivative Securities Beneficially Owned											
·· ····· ·· · · · · · · · · · · · · ·				1-	Seneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
· · · · · · · · · · · · · · · · E		2. Date Exerc Expiration Day/	ate	d 3. Title and Amount of Securities Under Derivative Security (Instr. 4)		4. Conversion or Exercise	se (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)				

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Michael O Johanns 05/01/2015

** 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).