FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

I	OMB APPROVAL										
l	OMB Number:	3235-0287									
l	Estimated average burden										
l	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 Addr		2. Issuer Name and Ticker or Trading Symbol AMERICA FIRST TAX EXEMPT INVESTORS LP [ ATAXZ ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title 7 Other (specify							
(Last) 1004 FARNAM	st) (First) (Middle) 04 FARNAM STREET					3. Date of Earliest Transaction (Month/Day/Year) 11/19/2008									Officer (give title X Other (specially)  Director of GP of GP				
SUITE 400  (Street)  OMAHA		4. If A	men	dment, D	ate of Ori	iginal File	ed (Mo	onth/Day/Ye		6. Individual or Joint/Group Filing (Check Applicable Line X Form filed by One Reporting Person Form filed by More than One Reporting Person									
(City)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Securit	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				Securities Beneficiall Following	. Amount of Securities Beneficially Owned following Reported		nership Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount		(A) or (D)	Price	Transactio (Instr. 3 an				(Instr. 4)			
Beneficial Unit Certificates <sup>(1)</sup>					11/19/2008				P		3,500		A	\$5.23	253,500		I		By The Burlington Capital Group, LLC
Beneficial Unit	11/20/2008				P		1,500	)	A	\$4.93	255,000		I		By The Burlington Capital Group, LLC				
Beneficial Unit	Certificates	s												12,5	00		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)	Title of 2. 3. Transaction Date Secution Date			Code (Instr.		tion	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		sable and	7. Title and Amo Securities Unde Derivative Secu (Instr. 3 and 4)		mount of iderlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	e Ow s For ally Dire or I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)			Expiration Date	or Nur		Amount or Number of Shares	Transac (Instr. 4		ion(s)		

## **Explanation of Responses:**

1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by The Burlington Capital Group, LLC, the general partner of the general partner of America First Tax Exempt Investors L.P. The reporting person has a beneficial ownership interest in, and is a director of the Burlington Capital Group, LLC and is deemed to have a pecuniary interest in the Beneficial Unit Certificates due to her ownership interest in The Burlington Capital Group, LLC.

## Remarks:

/s/ Gail W. Yanney

11/20/2008

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.