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* Massengale Martin | | | | AM | 2. Issuer Name and Ticker or Trading Symbol AMERICA FIRST TAX EXEMPT INVESTORS LP [ATAXZ] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title X Other (specify | | | | | |
|--|---|------------|-------------|---|---|--|-----------|--|------------------|------------------------|--|---------------|---|--|--|---|--|--|---|
| (Last) (First) (Middle) 1004 FARNAM STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/28/2009 | | | | | | | | | below) A below) Director of GP of GP | | | | | | |
| (Street) OMAHA (City) | NE (State) | 68 (Zij | 102 | | 4. If A | menc | dment, Da | ate of Ori | iginal File | d (Ma | onth/Day/Y€ | ear) | | 6. Indiv | | d by One F | Report | Check Applicating Person One Reportin | , |
| | | Та | ble I - Nor | ı-Der | ivativ | e Se | curitie | s Acqı | uired, C | isp | osed of, | or E | Benefi | cially Ow | /ned | | | | |
| Date | | | | e E nth/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. | | 4. Securit Disposed | | | | 5. Amount Securities Beneficially Following I | y Owned Reported | 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 05/2 | | | | | /28/2009 | | | | P | | 1,500 | 0 | A | \$4.9 | 1,500 | | | 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) | vative Conversion Date Execution Date, Tr | | | Γransaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | de ear) | Securities Underl Derivative Securi (Instr. 3 and 4) | | derlying curity) Amount or | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | - | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | | Number of Shares | | | | | |

Explanation of Responses:

Remarks:

/s/ Martin Massengale

** Signature of Reporting Person Date

05/29/2009

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 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).