FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-02								
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 * YANNEY GAIL WALLING					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	(First) A STREET	(Mi	iddle)	3. Date of Earliest Transaction (Month/Day/Year) 03/19/2008										Officer (give title X Other (sp below) Director of GP of GP				specify	
SUITE 400 (Street) OMAHA	NE	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Li X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State)	(Zi	p)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
				2. Transaction Date (Month/Day/Year)		ır) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securition Disposed				Beneficial Following		Form:	nership Direct (D) irect (I) 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 ⁽¹⁾				03/19/2008					P		3,300		A	\$6.3135	58,300		I		By The Burlington Capital Group, LLC
Beneficial Unit Certificates															12,5	00		D	
Beneficial Unit Certificates ⁽¹⁾ 03					20/2008				P		1,300 A		A	\$6.01	59,600		I		By The Burlington Capital Group, LLC
	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) 2. Conversi or Exerci Price of Derivativ Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Yo		te	7. Title and Amo Securities Unde Derivative Secu (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	es Owes For ally Director I	10. 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		Transaction(s) (Instr. 4)			

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.

/s/ Gail Walling Yanney

03/20/2008

** Signature of Reporting Person

Date

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

- * 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.