FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-028								
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 Other (specify					
(Last) 1004 FARNAM	(First)  M STREET	(Mi	iddle)	3. Date of Earliest Transaction (Month/Day/Year) 02/11/2009										below) Director of GP of GP				specify		
SUITE 400 (Street) OMAHA	NE	68	102		4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Lin 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)		ar)	Execution Date, if any				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar				5. Amount Securities Beneficially Following F	Owned	Form:	Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v			(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Beneficial Unit Certificates(1)				02/11/2009		)			P		3,200		A	\$6.35	313,200		I		By The Burlington Capital Group, LLC	
Beneficial Unit Certificates <sup>(1)</sup>					02/13/2009				P		1,800		A	\$6.39	315,000			I	By The Burlington Capital Group, LLC	
Beneficial Unit Certificates															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)  2. Conversion or Exerciprice of Derivative Security		Date (Month/Day/Year) i	3A. Deemed Execution Da if any (Month/Day/\)	ate,	4. Transaction Code (Instr. 8)		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 Am Securities Und Derivative Sect (Instr. 3 and 4)		mount of derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	Ownersi Form: Direct (I or Indire	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	<b>)</b>	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.

## Remarks:

/s/ Gail W. Yanney

02/13/2009

\*\* 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.