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* ROSKENS LISA Y					<u>AM</u>	2. Issuer Name and Ticker or Trading Symbol AMERICA FIRST MULTIFAMILY INVESTORS, L.P. [ATAX]									(Check all applicable X Director		10% O			
(Last) 1004 FARNAM	004 FARNAM STREET				3. Date of Earliest Transaction (Month/Day/Year) 05/17/2017									Officer (g below)	ive title		Other (s	specity		
SUITE 400					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)	NE	68	102													-		ne Reportin	g Person	
(City)	(State)	(Zi	p)																	
		Та	ble I - No	n-Deri	ivative	Se	curitie	s Acq	uired,	Disp	osed of,	or E	Benefi	cially Ov	/ned					
Da Da			2. Transaction Date (Month/Day/Year)		r) E	A. Deeme Execution f any Month/Da	Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				nd 5) Securities Beneficially Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	(Instr. 3 and				(Instr. 4)	
Beneficial Unit Certificates			05/17/2017					G ⁽¹⁾		3,704(1)		A ⁽¹⁾	\$0.00(1)	3,704(1)		I(1)		Trustee for Mary Carolyn Roskens Trust and Charles Michael Roskens Trust ⁽¹⁾		
Beneficial Unit Certificates													58,719			D				
Beneficial Unit Certificates															464,992 ⁽²⁾]	(2)	Owned by Burlington Capital LLC ⁽²⁾	
			Table II - I	Deriva (e.g., ¡	ative S puts, o	ecu	rities .	Acquii ants, c	red, Di	spos s, co	ed of, o	r Be	neficia curitie	ılly Own s)	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Year) of tive	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 Exerc Expiration Da (Month/Day/Y		te	7. Title and Amo Securities Unde Derivative Secu (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e Ownersh s Form: ally Direct (D or Indirect g (I) (Instr.		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Evalenation of Po					Code	v	(A)	(D)	Date Exercis		Expiration Date	Title		Amount or Number of Shares		Transaction(s (Instr. 4)				

Explanation of Responses:

- 1. The Beneficial Unit Certificates were received by the Mary Carolyn Roskens Trust (1,852 units) and the Charles Michael Roskens Trust (1,852 units) as a bona fide gift from Michael Yanney. Lisa Y. Roskens is the Trustee for each of the Trusts and has Voting Power for each. As such, she is deemed to have a pecuniary interest in the Beneficial Unit Certificates held by each Trust.
- 2. Ms. Roskens has a beneficial ownership interest in, and is a Manager, Chairman, President and Chief Executive Officer of Burlington Capital LLC and is deemed to have a pecuniary interest in the Beneficial Unit Certificates due to her ownership interest in Burlington Capital LLC.

Remarks:

/s/ Lisa Y. Roskens

05/19/2017

** 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.