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					2. Issuer Name and Ticker or Trading Symbol AMERICA FIRST MULTIFAMILY INVESTORS, L.P. [ATAX]									(Chec	Relationship of Reporting (Check all applicable) X Director			10% Owner	
(Last) (First) (Middle) 1004 FARNAM STREET SUITE 400				3. Date of Earliest Transaction (Month/Day/Year) 08/27/2018 4. If Amendment, Date of Original Filed (Month/Day/Year)									- 1	Officer (give title Other (specify below) 6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) OMAHA	NE	68	3102											X			Reporting Pe		g Person
(City)	(State)	(Zi	p)																
		Та	ible I - No			_				Disp									
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		ar)	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 at				5. Amount Securities Beneficiall Following	y Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		Price				Transaction(s) (Instr. 3 and 4)	
Beneficial Unit Certificates				09/05/2018		8			S		8,500		D	\$5.8706	100,069		D		
Beneficial Unit Certificates														2,687		I		By Self as Trustee for Mary Carolyn Roskens Trust	
Beneficial Unit Certificates														2,6	87	I		By Self as Trustee for Charles Michael Roskens Trust	
Beneficial Unit Certificates			08/27/2018		8			P		5,965		A	\$5.945	5,965		I		By Self Emp Retirment Plan	
			Table II - I								sed of, o				ed				
Derivative Conversion Date Execution Security (Instr. 3) or Exercise (Month/Day/Year) if any		3A. Deemed Execution D if any (Month/Day/	Pate, Transaction Code (Instr.					6. Date Exerci Expiration Da (Month/Day/Y		te	7. Title and Amo Securities Unde Derivative Secur (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e Owner s Form: Direct or Ind g (I) (Ins	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Explanation of Re					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares		Transacti (Instr. 4)	on(S)		

Remarks:

/s/ Lisa Y. Roskens

09/07/2018

** Signature of Reporting Person

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).