FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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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

Name and Address of Reporting Person* Wilson Deborah A				2. Issuer Name and Ticker or Trading Symbol Greystone Housing Impact Investors LP [GHI]									tionship of R all applicabl Director	*) to Issuer 10% Owner			
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 02/27/2023									Officer (g below)			Other (s below)	specify
14301 FNB PARKWAY SUITE 211				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	ividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Street) OMAHA (City)	NE (State)	68 (Zi	154												Form filed	d by More	than O	ne Reportin	g Person
		Та	ble I - Nor	n-Deri	ivativ	e Se	curitie	s Acq	uired, [Disp	osed of,	or E	3enefi	cially Ow	ned				
Date				e nth/Day/Year) i		ZA. Deemed Execution Date, if any (Month/Day/Year)					ities Acquired (A) or d Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following 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 02/2				27/202	.3			A ⁽¹⁾		2,063 ⁽¹⁾ A		\$0.00	8,163(2)(3)			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)	/e Conversion Date Execution Date, (Instr. 3) or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		е	and 7. Title and Am Securities Unde Derivative Secu (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	i illy	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. Restricted units granted pursuant to the Amended and Restated Greystone Housing Impact Investors LP 2015 Equity Incentive Plan. The restricted units vest on November 30, 2023.
- 2. On September 14, 2022, the GHI Board of Managers declared a supplemental distribution payable in the form of additional Beneficial Unit Certificates ("BUCs"), payable to all holders of record of BUCs on September 30, 2022, to be paid at a ratio of 0.01044 BUCs for each BUC outstanding. As a result, the reporting person received 39 BUCs as of October 31, 2022.
- 3. On December 19, 2022, the GHI Board of Managers declared a supplemental distribution payable in the form of additional BUCs, payable to all holders of record of BUCs on December 30, 2022, to be paid at a ratio of 0.0105 BUCs for each BUC outstanding. As a result, the reporting person received 63 BUCs as of January 31, 2023.

Remarks:

/s/ Deborah Wilson

03/01/2023

** 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.