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

Name and Address of Reporting Person*  Coury Jesse A.					2. Issuer Name and Ticker or Trading Symbol Greystone Housing Impact Investors LP [ GHI ]										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 02/27/2023								X	Officer (give title below)			Other (specify below)		
14301 FNB PARKWAY														Chief Financial Officer						
SUITE 211					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line)						
														X	X Form filed by One Reporting Person					
(Street)	NE	<b>C</b> 9	154												Form file	d by More	than C	ne Reportin	g Person	
OMAHA	NE	08	134																	
(City)	(State)	(Zi <sub>l</sub>	p)																	
		Та	ble I - No	n-Deri	ivativ	e Se	curitie	s Acq	uired, l	Disp	osed of,	or E	Benefi	cially Ow	ned					
Date					e Enth/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)					ties Acquired (A) or d Of (D) (Instr. 3, 4 au			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		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	(Instr. 3 and 4)				(11150.4)	
Beneficial Unit Certificates 02/2					27/202	7/2023 A <sup>(1)</sup> 18,900 <sup>(1)</sup> A		Α	\$0.00	64,238(2)			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 Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Day 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 Date (Month/Day/Yea		te Securities Unde		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)	Date Exercisa	able	Expiration Date	Title		Amount or Number of Shares		(Instr. 4)				

## Explanation of Responses:

- 1. Restricted units granted pursuant to the Amended and Restated Greystone Housing Impact Investors LP 2015 Equity Incentive Plan. One-third of the aggregate number of restricted units vest on each November 30, 2023, 2024, and 2015
- 2. On December 19, 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 December 30, 2022, to be paid at a ratio of 0.0105 BUCs for each BUC outstanding. As a result, the reporting person received 283 BUCs as of January 31, 2023.

## Remarks:

/s/ Jesse A. Coury

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.