MAUER DAVID M
Form 5
April 21, 2003

1. Name and Address of Reporting Person
   Mauer, David
   One Whitehall Street
   New York, NY 10004-2109
   USA
2. Issuer Name and Ticker or Trading Symbol
   The Topps Company,Inc. (topp)
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year
   03/2003
5. If Amendment, Date of Original (Month/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   (X) Director ( ) 10% Owner
   ( ) Officer (give title below) ( ) Other (specify below)
7. Individual or Joint/Group Filing (Check Applicable Line)
   (X) Form filed by One Reporting Person
   ( ) Form filed by More than One Reporting Person

TABLE I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security	2. Transaction Date (Month/Day/Year)	2A. Execution Date (Month/Day/Year)	3. Transaction Code	4. Securities Acquired (A) or Disposed of (D)			5. Amo Securi Benefi Owned Follow Yea
				Amount	A/D	Price	
Common Stock							29000